FEB 1990

GUY'S GAZETTE

Radio Guy's—Martin Sadler takes a look at Guy's very own DJs

Snowflake Ball
Captured in words and pictures by Tara Marks, Claire Jones and Abhi Lall

Into the 1990s
UMDS principal Ian Cameron talks to Aman Coonar

Student facilities
UMDS secretary Simon Argles responds to the Gazette's onslaught

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GUY'S GAZETTE

CONTENTS

2 **Letters**—Simon Argles replies to criticism of student facilities at Guy's; the starling problem; colour blindness among St Thomas's consultants.

6 **News**—Harry Keen sues Clarke; Diwali Night; Guy's men win New Year honours.

9 **Pump up the volume**—Martin Sadler visits Radio Guy's.

11 **Into the 1990s**—Aman Coonar talks to UMDS principal Ian Cameron about his plans for the new decade, including management studies for third year medical students.

14 **The Snowflake Ball 1990**—Tara Marks and Claire Jones report, with additional photos by Abhi Lall.

16 **Reviews**—Lesley Rees reviews Paediatric Revision, while John Low looks at the new Guy's phone book.

16 **United Clubs news**—Zaheer Yousef welcomes members to the new decade.

17 **Obituaries**—T H S Burns.

17 **Nursing Notes**—Denis Cobell considers the naughty nineties.

18 **Physiotherapy Notes**—Diana Innocenti on quality control in audit.

19 **Sport**—Andy Williams has organized a round-up of Guy's sporting activity for the 1990s.

Guy's Gazette

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Passim

We have taken the liberty of making a few changes to the *Guy's Gazette* to mark the beginning of a new decade in its life. I hope that readers will find that the new format makes the *Gazette* more visually appealing, while retaining its character as a journal of record for the hospital and its schools. I hope too that the new plastic envelopes, while being less environmentally acceptable, will allow the *Gazette* to arrive in a less battered condition than the previous paper wrappers.

The *Gazette* faces a number of challenges in the 1990s. One of the most serious is likely to be the recruitment of editorial staff, who have traditionally been medical and dental students at the hospital. By the mid 1990s, no student of UMDS will owe any allegiance to either campus in particular, so they will have relatively less motivation editing the *Guy's Gazette*. Nor is it conceivable for the *Gazette* to become a UMDS publication—it has been a hospital journal for 118 years, and relies for a substantial proportion of its income upon subscriptions from Guy's alumni, who could be forgiven for having little interest in subscribing to a *UMDS Gazette*. I hope to publish a discussion of this interesting conundrum in a forthcoming *Gazette*.

I should like to encourage all our readers to write to the Editor with any comments they may have about the new *Gazette* format.

Next month
The 407 Art Club winter exhibition

Typeset and Printed by Hobbs the Printers of Southampton

GAZETTE LETTERS

Argles blaster

Dear Sir

The medical school seems to be on the receiving end of a great deal of flak in the November edition of the *Guy's Gazette*, fired from *Passim*, Amanda Rachet, Jeremy Cranshaw, Sanjay Gautama and maybe others in those unreadable pages printed back to front. I hope to be able in this letter to give positive responses to some of the criticisms.

I agree that Boland House has become a slum. We are planning to redecorate and refurbish all the student areas in the basement and on the first floor during the Easter holidays; this is the earliest convenient time that the work can be done when preclinical students are not in residence. In addition the ballroom and North common room floors will be replaced with some more suitable flooring material and the necessary alterations will be made to the bar, once the school has received the students' proposals.

Once Boland House is back in pristine condition we shall have to devise some method of keeping it so. The aftermath of some social functions recall more a World War I battlefield than a place where civilised people enjoy themselves. We will need some form of contract between the sponsors of hops and the school so that some of the excesses of the lunatic fringe are contained.

All students will know that the hospital now provides catering services throughout Guy's Hospital, including the Spit; the school employs no catering staff. This change was introduced to enable the hospital to rationalise all restaurants at Guy's thus, in theory, allowing unrestricted access to any restaurant by anyone working at Guy's. We have managed to retain some degree of exclusivity in the Spit to students, and, in return, access for students has widened, though not as much as we would like. We have also eliminated an annual overspend of over £20,000 a year, lost by school catering at Guy's.

So far as the quality and price of food in the Spit is concerned, Janet Sutton, the UMDS Administrative Officer, tries to monitor the situation but, in addition, she needs students to tell her when things are going wrong so that she can make representations to the hospital. So please let her know. Meanwhile no one likes adverse publicity and letters to the *Gazette* are read by the Guy's catering staff! Incidentally, I hear that a new firm is taking over catering shortly so matters may change, hopefully for the better.

The school's policy is indeed to give accommodation on site firstly to freshers, secondly to final year students. The reason for this is that we feel we need to look after our freshers, many of whom may never have lived away from home and many of whom have never lived in London. A year in university accommodation to settle down is considered essential. Furthermore if we are to continue to attract high quality medical and dental students we must offer accommodation to first years. We are simply not aware of any final year student who wants to move into Wolfson House. Will he or she please identify yourself to Janet Sutton?

On the accommodation front, we are very much hoping for a substantial increase in the amount of student accommodation available, before too long, to UMDS. Negotiations are proceeding and as soon as anything can be said, it will be.

The greatest single problem in such a huge school as UMDS is communications. The problem varies from the one in *Passim* about how to contact members of clubs (which we will help you do something about) to the more general one of keeping both staff and students informed about developments in the school.

It is an indictment of all of us that most of the subjects discussed in this letter should have become sufficiently acute to have been raised in the correspondence columns of the *Guy's Gazette*. As a first step to remedy this, we have formed a UMDS House Committee to meet regularly to discuss domestic matters, such as accommodation and catering; everything to do with the quality of life apart from academic and disciplinary matters. This has worked well at St Thomas's but like all committees it does depend on representatives turning up to meetings and then passing on what happened to their constituents. Do please try to make it work.

On a more global level, I will try to produce the *Buzz* more regularly so as to keep everyone informed as to what we are trying to do, and I am always glad to receive suggestions as to which topics to cover.

My turn to have a whinge. UMDS is well established and here to stay. Why can we not have a few constructive letters to the *Gazette* about how to make it better, instead of reactionary looks backward at the 'good old days'?

Yours faithfully

SIMON ARGLES
Secretary, UMDS

Starling blitz

Dear Sir

It is rumoured that Guy's Hospital has given up wheel clamps in favour of more organic methods of dealing with illegally parked cars. The accompanying photo shows the effectiveness of this method.

Yours faithfully

DAVID MAXWELL
Senior Registrar
Chest Clinic

House officers not cheap

Dear Sir

In your November 1989 issue you published a letter from Messrs. Dent and Gillard referring to a previous article on 'Phase III—The Holy Grail' which was written by *Gazette* staff following interviews with myself, Professor Cyril Chantler and other clinical staff.

I would like to make it quite clear that the quotation referring to house officers as 'a source of cheap labour' did not come from me. As a specialist manager of the building process I would not consider myself qualified to offer a formal comment in any way on the role of house officers within this organisation. Personally, however, after 27 years of service to Guy's, I would regard all students and house officers as the lifeblood and one of the main *raisons d'etre* of a teaching hospital. Indeed the Phase III design, within the constraints of space and finance, has attempted to offer the best possible solution to the on-going training and well-being of training staff in all grades.

I hope that you will be able to correct the false impression given in your previous article.

Yours faithfully

SANDRA CARNALL
Projects Director
Conybeare House

Congratulations

Dear Sir

The September 1989 issue of the *Gazette* has only recently reached me here in the USA, but I was interested to read the report of the UMDS Boat Club performance at Henley Royal Regatta. It was encouraging to note that oarsmen from both Guy's and St Thomas' had got together to form an eight, which appeared (from the photograph included) to be a crew of some class. With such an enormous

OUR HOSPITAL DOCTORS SPEND THEIR FIRST YEAR VISITING THE SICK.

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To find out more about the medical careers available in the RAF, complete and return the coupon below.

*1989/90 pay scales.

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Please send me more information about a career as an RAF Officer Doctor. Post to: Wg. Cdr. G. W. Davies BM, BS, B, Med Sci, DRCOG, D Av Med, First Avenue House, High Holborn, London WC1V 6HE.

Full name _____

Mr ☐ Ms ☐ Date of birth ____ / ____ / ____

Address _____

_____

_____ Postcode _____

Present or intended qualifications _____

_____

_____

RAFOFFICER

DOCTOR

MN 724/29/07

entry in their event, the eight is to be congratulated on even qualifying for the regatta proper.

When so often in recent years the *Gazette* sport reports have given the impression (correctly or incorrectly) of inadequate preparation and lack of commitment, it was pleasing to read of a group of athletes who were prepared to give up the time to make a concerted effort to succeed despite the heavy commitments of their academic courses.

Yours faithfully

D K C COOPER
Oklahama Transplantation Institute
Baptist Medical Centre
Oklahama

Dental contact

Dear Sir

With reference to your article headed 'Perestroika at dean's office brings glasnost' in the November 1989 issue, perhaps you would make it clear that if dental students wish to see the dean of the dental school or the sub-dean of the dental school they should contact Miss Ann Webster at Guy's on extension 4204.

Yours faithfully

PROFESSOR A H R ROWE
Dean

A Spiro writes—shock

Dear Sir

I write in praise of two recent publications from the obviously supremely talented Guy's litarary scene. The works differ widely in style and content, one contains much useful information and the other is clearly for pleasure only, but both are truly inspired and marvellously humorous.

The first article appeared in the pages of this glorious rag and was most helpful for those of us who were on the 'sorips' annual tour in Payta and consequently have spent the last eight months completely unaware of what the hell happened. Thank you for the unusual presentation of the print—at least I have found a use for my mirrored shades.

The second publication was altogether more lighthearted. I refer, of course, to the excellent new Guy's Hospital Internal Phone (sic) Directory. This masterpiece has given me, and many other grateful readers, the biggest belly laugh for many years. A close acquaintance tells me that the section for the (small) department in which he works contains eight separate errors or totally unexplainable entries, notably the inclusion of a temporary visitor (twice, but with varying initials), people from a different department and an interesting facility apparently allowing the caller to speak directly to a computer. Perhaps approval of the text by the head of each department may have been a good idea.

I am interested to know when the sequel is due to be published and I wait with baited breath. The author(s) give away their intention of producing a follow up by including the names of a large number of the junior medical staff, many of whom are likely to leave in the near future. Surely an easy to update monthly circular similar to the bleep list (whatever happened to that?) would have been more appropriate?

I would also suggest that whoever wrote the entry for 'Wards' be sent on a course to learn the alphabet as searching through a more or less random list for a number, although providing hours of enjoyment unrivaled even by watching paint dry, does get a little tiresome. What happened to Esther ward?

It would also be of interest to know who was responsible for this obvious Booker Prize candidate and what salary they receive as they clearly deserve a substantial rocket (in pay). I think we should be told.

Yours faithfully

DICK F B FAIRWEATHER
Boland House

Plea for greater colour discrimination?

Dear Sir

In these days of cost-effectiveness and conservative use of resources, I feel that I must mention to your readers the vast amounts of money wasted by a conspiracy between the medical school and the consultants at St Thomas's Hospital.

It was decided by the medical school (at a cost of £8,000), that all students at UMDS be issued with blue-coloured identity badges, and all employees with similar pink badges. The idea was for these badges to be worn at all times, thereby increasing security, and providing a means of identification.

The consultants at St Thomas's, however, who were already puzzled by their students wearing long white coats (instead of the short variety worn by ice cream vendors), were now completely confused as they could not tell the difference between students and their own house officers—wearing similar-sized badges and long white coats. A mass protest by the consultants ensued, the result of which is that all clinical medical students will in future be issued with three woven cloth badges with the words MEDICAL STUDENT in large black letters. These badges are to be sewn on our long white coats (by the medical school), on the left lapel. The cost of this venture—a mere £1,000 every year—until a cure for colour agnosia among consultants at St Thomas' Hospital is found.

Yours faithfully

ZAHEER YOUSEF
Boland House

Dark secrets

Dear Sir

The use of the dark room in Boland House is open to all students, and certain members of staff at the discretion of the photographic club.

Following a 'break-in' to the dark room last December, 'Security' closed the room. It is now open again, but new conditions of use now exist. Namely, a list of active photographic club members is held by security and only these individuals can gain access to the dark room. Access is via the security guard in Boland House, who will be prepared to open the dark room from 9am—9pm Monday to Friday.

Any person not on this list and requiring access should contact me. It is hoped these new conditions will not deter people from using the dark room.

Yours faithfully

J HARE
Boland House

Heavy amalgam

Dear Sir

The *Gazette* is to be congratulated for publishing Mr Otto van Plank's letter (Nov 89).

I am anxious to repeat the experiment but for the moment am having difficulty in obtaining a supply of heavy water. My Water Board says that it is too busy with its share issue to bother at the moment, but may be able to help later on.

The other problem is persuading sufficient numbers of my patients to come to my house to be plugged into the domestic circuit, the surgery presents no such difficulty, except for the 'start up' of the compressor in the mornings.

I'm sure my problems can be overcome with a little ingenuity and that Mr van Planck's work will be hailed for the great scientific achievement it undoubtedly is.

Yours faithfully

W D HARGRAVES,
13 Park Road
Sittingbourne
Kent
ME10 1DR

Fighting from the inside out

Dear Sir

I am aware that the majority of those working in our health authority don't understand the position of the clinicians and administrators who are working on the preparations for the white paper. The following analysis is a personal one, but I believe reflects the thinking of a number of us.

I see the need to address the white paper at four levels.

At the widest level, as a document imposed on the people of the UK without appropriate discussion or consultation, albeit by the elected government, its insistence that competition, expressed in the economic terms characteristic of that government, is the correct motor for improving our health care, is certainly not proven. The absence of any form of local control over the whole process is disturbing. The likelihood that unbridled economic forces will lead to an even more unequal access to health care facilities is, given the experiences of the USA, high. In a fixed budget system, one's wax is likely to be another's wane. There are no mechanisms for ensuring patient choice is enhanced. Quite the reverse. There is every reason to suppose that the stringencies of economic necessity will reduce the present ability of individuals to cross the artificial boundaries of health districts. The potential benefits of separating commissioning and provider agents depends crucially on the composition of these agencies, at present to be determined by the Secretary of State.

I believe that personal protest through any of the political routes open to all of us (the BMA, Green party and other political parties) is an essential response, and has been effective in making a wider public aware of the anxieties that many have. Indeed protest at this level may well provide the opportunities to consolidate on the good elements of the white paper after the next election. For instance, we might suggest that the commissioning and provider management boards are selected by the public from a panel agreed by the relevant interested parties. And if the defence budget is cut by five billion pounds as it should be, an enlightened commissioning agent could invest appropriate sums in social policy (housing, environmental improvement, public transport) which would have a significant impact on preventing ill health.

The next levels presume that the white paper will be made law, a presumption which we have to make whether we like it or not. In this circumstance, what would the impact of this be for the health care of our local community? How can we, as people committed to the NHS, mitigate any of the perceived disadvantages, whilst capitalizing on the potential benefits? Here we have to examine each of the changes that are suggested by the document, and where we see serious problems, articulate them clearly, providing possible ways round them. The only way of doing this is to set up work streams for each field of activity. The findings of these work streams should be monitored by both an executive, which would arguably be better off for having members whose reservations about the paper are well known, and a parliament, which should be likewise constituted. Information about the progress of this evaluation should be freely available to interested parties, and should be couched in a balanced way.

Then what about the impact on our local institutions? The inextricable linking of Lewisham and Guy's means that those of us who are interested in seeing viable DGHs (hospitals which have a balanced overall provision of care) at both ends of the district recognize that the two institutions have to go forward under the same organizational structure, along with relevant sectors of the priority care unit. So they should explore the impact of the white paper together. Those who are actively involved in the work must recognize the scrutiny of the executive and parliament, and the need for consultant and senior management support before recommending any changes.

The final level is personal. I find myself as the chairman of the Lewisham management board, as one who has considerable experience of the managerial intricacies of both Lewisham and the district, and as one who has made my views, as outlined in the first section, absolutely clear, in a traditional dilemma. I can use my best skills to make sure that information about the white paper is freely available, balanced, expresses reservations; and that we mitigate problems as best we can, in the clear recognition that the paper will be made law, and that those involved in managing our corner of the health service will have to respond in the best interests of our community. They can't just stand still.

Or I can drop out of the process altogether. Would this not be a case of the best being the enemy of the good? Despite the evident tensions, but with increasing confidence that unfolding political events will enable us to rectify the major problems thrown up by the paper, I have, anyway for the time being, decided to stick with the managerial process. While I don't expect some to agree with this course of action, I imagine that many will identify with the problems, and respect the position that I and others like me have taken.

Yours faithfully

ROBIN STOTT FRCP

Student drinking

Dear Sir

Many old Guy's men will have been saddened to read in your December issue that the GMC feels the need to try to prevent 'problem drinking among medical students'—often leading to ruined lives later.

As a reader of the *Gazette* for well over 50 years, I have the impression that during the last three or four years there has been a tendency in some of your columns to make light of—sometimes even to encourage—just this kind of behaviour.

I was taught that one person in 50 is at risk of becoming an uncontrolled alcoholic. Bearing in mind the number of students we have, it seems clear to me that the very last thing anyone should be doing is to introduce impressionable young people to the alcohol habit, if they do not drink already; or to persuade them into irresponsible drinking, if they drink in moderation.

Actively to try to make any young person (whether student or otherwise) take more alcohol than he or she wants, can 'handle' or can afford, is equivalent to drug pushing, and deserves to be condemned accordingly.

Yours faithfully

E K BREAKSPEAR
Birmingham

Acknowledgements

The Editor would like to offer particular thanks to John Lankshear and his team for their advice and assistance with the new design of the *Guy's Gazette*; to Graham Bromley and his colleagues at Hobbs the Printers for implementing the new format efficiently; and to Peter Coulton of Cannon Security for making it much easier to carry on business from the *Gazette* office.

GAZETTE NEWS

Keen vs Clarke

Professor Harry Keen of Guy's is chairman of the new 'NHS Support Federation', which aims to bring together the various groups which oppose Kenneth Clarke's White Paper plans. So far the federation includes ten groups.

Professor Keen is also responsible for a legal challenge to Kenneth Clarke, over the steps already being taken in some health authorities to implement preparations for the White Paper, before the paper itself becomes law.

UMDS medical ethics group

A second symposium, entitled 'AIDS: private life and public policy', was held on 30 January in the anatomy theatre at Guy's, and was chaired by Professor Banatvala, professor of virology at St Thomas's.

BMS timetables

Whether as a result of the recent *Gazette* Brainteaser or not, the timetable for BMS students has been slightly simplified for the Easter term. It is now only on Mondays that the brain of a chess grandmaster is required to work out where any given student can be found. Against this apparent improvement, however, must be weighed the fact that the timetable has already been changed since publication. The *Gazette* would welcome suggestions from club captains on the best methods of contacting preclinical students for sports fixtures, rehearsals and so on.

Pavy Gym

Over Christmas two new ergometer fitness machines have been bought by the Pavy Gym. They are excellent 'all over' fitness machines with adjustable work load and providing detailed feedback of work done and elapsed time. They can be found in the basement of the gym and are for the use of all constituted club members, the keys being available a the porter's desk in Boland House.

Simon Manara
(Pavy Gym Sec.)

Lord Trafford Memorial

The late Baron Trafford of Falmer, who trained at Guy's, will be commemorated by a medical research centre to be based at Sussex University. Speaking publicly for the first time since her husband's death, Lady Trafford said that the 'university, to which my husband was very committed, deserves a higher reputation than it enjoys'. She launched an appeal for £2 million, which will go to fund a new wing at the centre for medical research.

Lord Trafford died last year at the age of 57. Two months prior to his death he had been appointed Minister of State for Health.

Copy dates for 1990

Would readers and contributors please note the following copy dates for articles for the *Gazette*.

March	14 February
April	14 March
May	10 April
June	9 May
July	13 June
August	11 July
October	5 September
November	10 October
December	14 November

Once again, we would like to remind contributors that copy should be double spaced (this is very important in enabling us to edit it) and typed if possible. If articles can be supplied on IBM compatible wordprocessor disks, so much the better.

New Year honours

Two Guy's men were honoured in the New Year lists. Professor D F N Harrrison, professor of laryngology and otology at the Royal National Throat, Nose and Ear Hospital, received a knighthood, while Professor P D Griffiths, professor of biochemical medicine at the University of Dundee, was awarded a CBE. Also knighted was David Berriman, past chairman of the Lewisham and North Southwark Health Authority. The editor is grateful to Dr R K Knight for bringing these honours to his attention.

Blues committee

At a recent meeting of the Blues Committee, the following awards were made:

Badminton
Full Michael Carling
Half Nicola Johnson

Cricket
Half Sanjay Gautama
Alan Mirlin

Martial Arts
Full Sanjay Gautama
Half P Chandr-Ruang-Phen

Fencing
Full Mark Slade
Half Can Huseyin

Gazette Christmas raffle

The results of the 1989 *Gazette* Christmas raffle, drawn on 14 December by Mrs Pat Hutton, were as follows:

1st	Dr Philip Tombleson
2nd	Dr A C Mann
3rd	Mrs Warner
4th	C Jenkins
5th	Miss H B Wilson
6th	H G Ripman
7th	Mr R S Crisp
8th	Mrs Randall
9th	R E C Farrant
10th	John Low

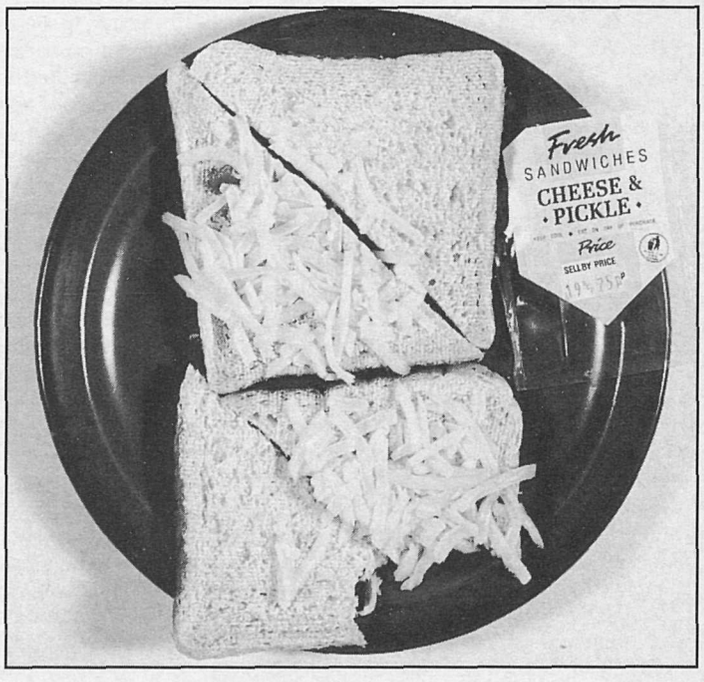
J Z Holwell

A commemorative tablet to J Z Holwell which has been hung on the stairs leading up to the medical school office.

The 1973 *Guy's Hospital Reports* contained a paper by Dr William Mann on the life of John Zephania Holwell, the Guy's man who survived the Black Hole of Calcutta and went on to succeed Clive as governor of Bengal and later became a Fellow of the Royal Society.

Dr Mann concluded his paper by reciting Holwell's major achievements in the form of a draft commemorative tablet. Such a tablet has now been made in the Gordon Museum, thanks to the skill of Mr J J Daws.

I-Spy



Never did so little cost so much! Spot the pickle in this sandwich from the Tower. (*Photo:* Usha Desai, department of dental photography).

Diwali 1989

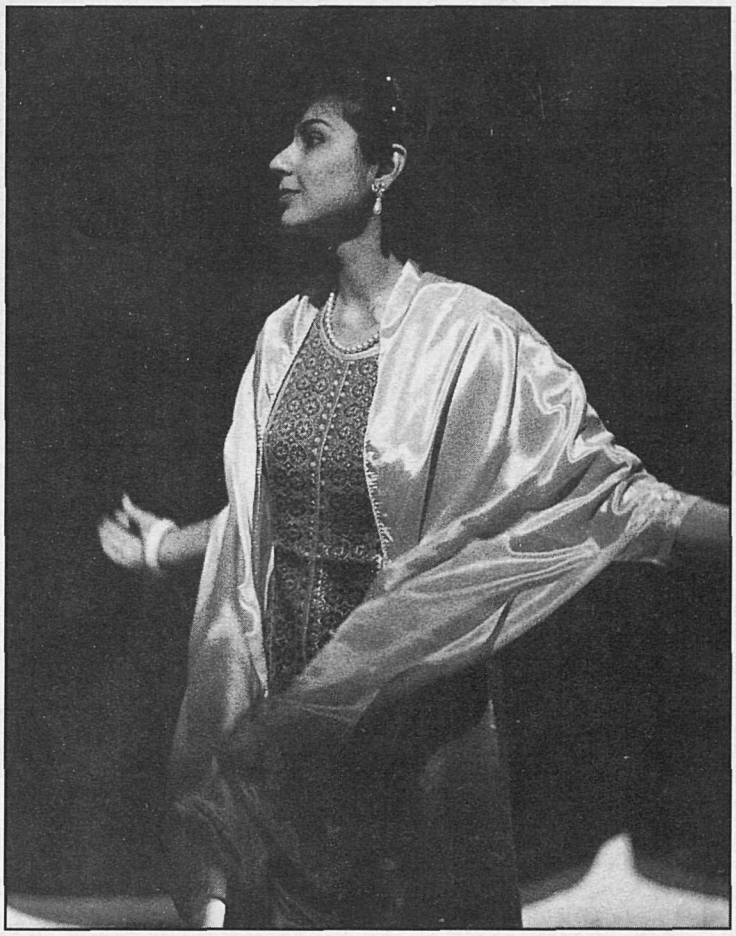
Having enjoyed last years Diwali, I looked forward to the 1989 offering. There was to be a show, followed by a meal and then a hop, which promised an evening of *Bhangra* music—a native 'jerky type' Punjabi dance, modernized to cater for western discos—my shoulders had already started fasciculating.

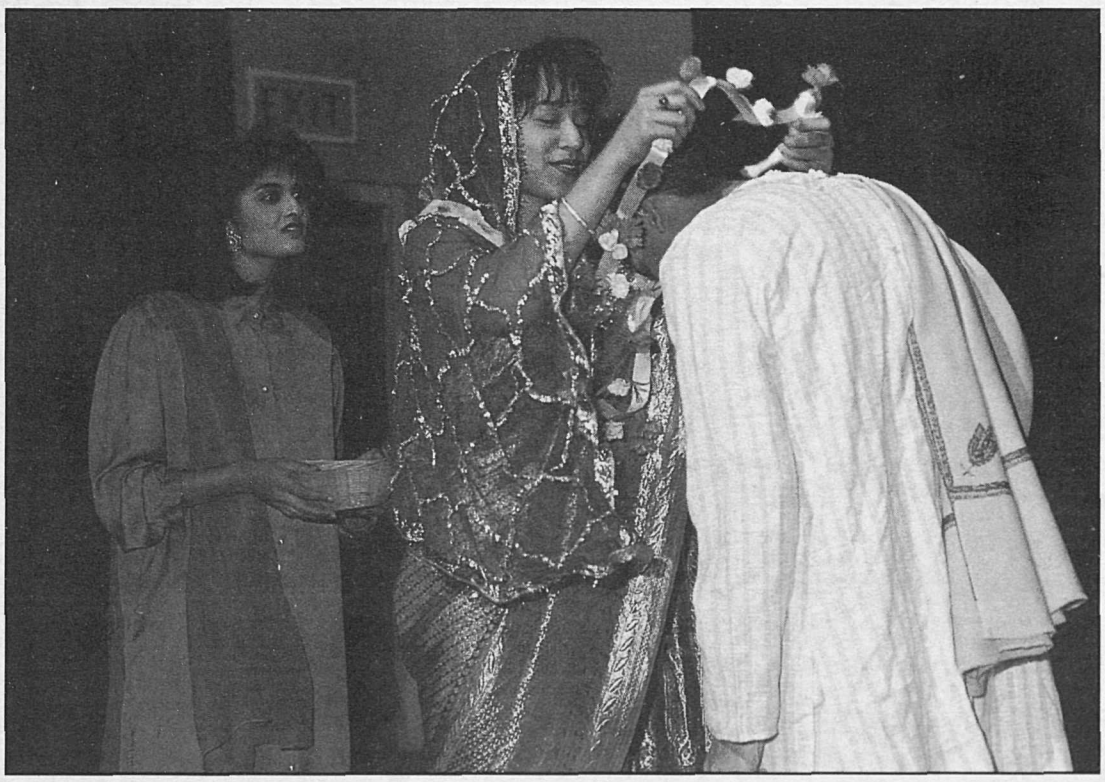
The show began to a full-to-capacity Harris theatre. I think there was a mixed response to the show, but the majority of the audience, including myself, really enjoyed it. Despite several technical hitches, it was generally well put together and very entertaining. For me, the highlight of the evening was the play, which was a pastiche of the ageless 'Indian Movie'.

The meal was good. We now turned to the DJ to delight us with an evening of good Eastern-come-Western dance music, but the hop could have been much better (especially considering the tickets were £7 a piece!).There was hardly any traditional 'Bhangra', and my shoulders went home unsatisfied.

It was an enjoyable evening, however, and it was good to see a lot of new faces.

Shahid Khan





Scenes from an Indian wedding at the Diwali (*Photos:* **Fuad Hussain).**

South Wales Guy's Hospital Society

The 39th annual dinner of the South Wales Guy's Hospital Society will be held at the Park Hotel Cardiff on Saturday 3 March 1990, at 7.15pm for 8.00pm.

This is the day of the Wales v Scotland rugby international at the Cardiff Arms Park.

Applications to the Hon. Sec. G G L Davies FRCS, Llandremor, 23 Windsor Road, Radyr, Cardiff CF4 8BQ.

Guy's Hospital Society Bournemouth and Wessex

The thirty fourth annual dinner of the society was held on Friday 3 November at the Durlston Court Hotel, Bournemouth. Dr W G Cross was in the chair. At the annual general meeting, prior to the dinner the following elections were made: Chairman. Dr M O'Driscoll Hon Treasurer, Miss A M Sedgwick, Hon Secretary, Mr E H Archard. After the dinner the chairman introduced the guest of honour, Professor M N Naylor, who gave an account of events at Guy's during the past year.

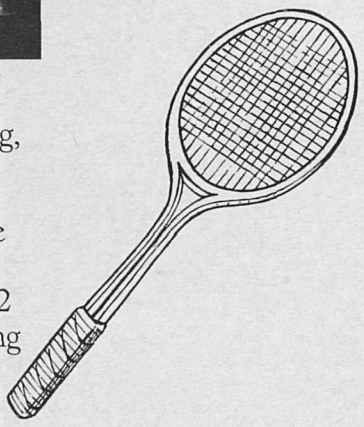
Professor Roger Warwick

Professor Warwick has asked us to inform our readers that he has been unwell, and therefore has been unable to reply as speedily as he would have wished to the seasonal greetings he received from former colleagues and students. He hopes to do so as soon as he can.

TRY OUR SHORT ORAL TEST

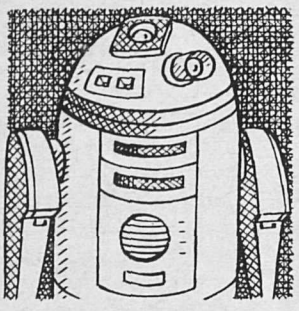
1 What has a really comfortable grip?

- ☐ (a) The Boston Strangler
- ☐ (b) The Sensodyne Search 4
- ☐ (c) A toothless bulldog.



2 What has a long, slim neck?

- ☐ (a) The Sensodyne Search 4
- ☐ (b) A bottle of 1982 Yugoslav Riesling
- ☐ (c) A cygnet.



3 What has a compact head with rounded corners?

- ☐ (a) A primary school
- ☐ (b) Just about everybody
- ☐ (c) The Sensodyne Search 4.

4 What has a dense brushing surface?

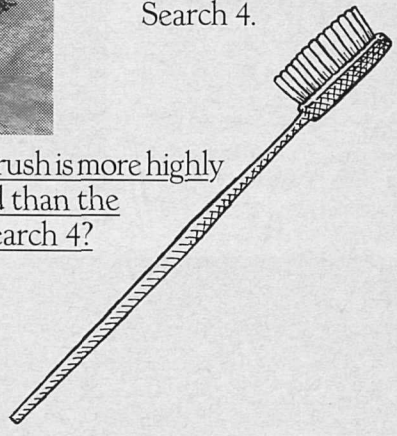
- ☐ (a) The Sensodyne Search 4
- ☐ (b) A dry ski slope
- ☐ (c) A road-sweeper with an IQ of 72.

5 What's head and shoulders above the rest?

- ☐ (a) The Hunchback of Notre Dame
- ☐ (b) A giraffe
- ☐ (c) The Sensodyne Search 4.

6 What toothbrush is more highly recommended than the Sensodyne Search 4?

- ☐ (a) None
- ☐ (b) Zero
- ☐ (c) Zilch.



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*Independent Dental Survey 1988. Data on file Stafford-Miller Ltd.

Pump up the Volume

A listen to Radio Guy's

In 1969, Paul Houslop and Mike Smith, both members of the same tape-recording club, decided that it was about time that Guy's joined the expanding number of hospitals with their own radio station . . . Radio Guy's was born. Initially, their broadcasts were entirely made up of prerecorded programmes which they created in their basement 'studio' in Forest Hill to be relayed over the Guy's broadcasting system wired-up to each bedside. There was no studio at Guy's and so live broadcasting was not possible.

Now, 20 years on, Radio Guy's lies tucked away behind the infamous A Piece of Cake, above the kitchens in Hunt's House. The present two-studio suite was constructed ten years ago with funds from the special trustees, run by a management committee and staffed by about 25 enthusiasts. The day-to-day running costs are provided by The Friends of Guy's for the purchase of records and repair of machinery. Mike Smith is still very active in the running of the radio station. The *Gazette* spoke to him to discover more about radio activity at Guy's.

'At the moment, we produce four hours of live programmes on Monday, Wednesday and Thursday nights. The number of hours varies according to the number of regular staff that we have. All of our staff give up their time voluntarily. In fact, they pay an annual membership fee of £10 to cover tea and coffee bills! We do the work because we enjoy it and, while we hope that Radio Guy's helps to make a stay in Guy's more bearable for the patients, our major motivation must be the kick that we get out of being a DJ for an evening a week. I think that Noel Edmonds started as a hospital DJ, and although no one from Radio Guy's has gone on to similar achievements, hospital radio must remain one of the early stepping stones for someone interested in being a radio DJ.'

Photo: **Tara Marks**

I asked if any of the staff at Guy's work on the radio.

'Very few of Guy's staff have ever worked with us, we have had the odd nurse and one student but that's all. Maybe the thought of spending a few hours more in Guy's after a hard day's work is too much. But we would welcome anyone on Guy's staff who would like to join us.'

The team is recruited haphazardly. 'Most people ring up on the off-chance. We're happy to hear from anyone, although we are not on an active recruitment drive. The more people we have, the more broadcasting we can do. One of the most important requirements for anyone interested is that they should be able to commit at least one night per week to Radio Guy's on a regular basis. Many people would like to do a bit now and then, but without regular commitment it is impossible to keep up a continuity of programming.'

The entertainment provided by Radio Guy's is definitely middle-of-the-road. 'I imagine that we would be most closely compared to Radio Two in terms of the type of music that we play. Most of our listeners are at least middle-aged and so we tend to veer away from Heavy Metal and towards the Easy Listening end of the spectrum. We have a request show from eight to nine each night. Our major advantage over other radio stations that patients could listen to is that we are a personalized service for Guy's, and so playing requests and sending messages is an important part of our service. The requests are gathered from the wards earlier that evening. Occasionally, we have live or prerecorded interviews with celebrities. Recently we had a half hour feature interview with John Hurt made by one of our staff who works for Virgin Records. We have a hospital news report each night at nine compiled by George Parker-Jervis who works for the

Observer. It is presented in the same way as news bulletins on commercial radio stations such as Capital. We even have radio bingo on Thursdays, which is very popular. It is organized by Brian Huff who distributes the cards during the day and collects contributions towards the prizes. He calls the numbers that night and patients use the ward 'phone to call in if they have a full house.'

And what, I wondered are the future plans for Radio Guy's? Are adverts to be introduced into the shows?

'Ideally, we would like to expand our broadcasting activities. I would like to do more interviews with patients on the wards and for that we would need to invest in some radio microphones. We have tried using the ward phone system but programme schedules sometimes have to wait while patients make their personal calls which is less than professional. However, it is not worth buying new equipment if we don't have enough people to work on new programmes. I estimate that we need a staff of 40 to really hum. As to advertising, we already publicize some hospital events and activities of the Friends of Guy's, and could expand this to include hospital services, such as the cake shop for instance. But I would not like to see Guy's Radio filled with commercial advertising, although this idea has been suggested to us. There are new studios planned on the ground floor of the Phase III buildings so the continuation of a hospital radio at Guy's looks secure. The real challenge is to keep making improvements to the service we offer.'

Martin Sadler

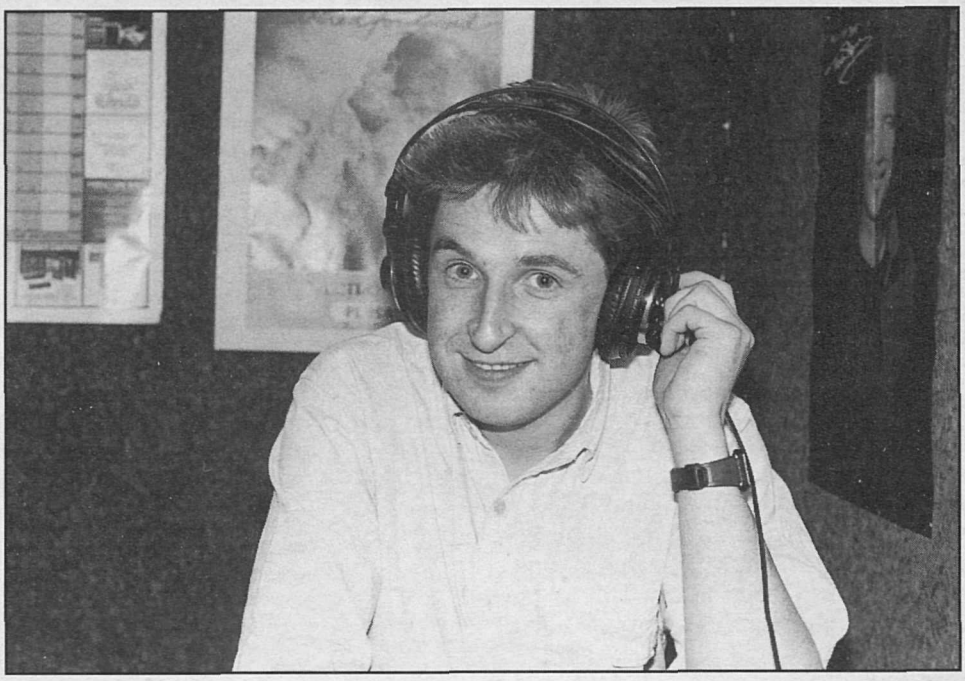

Photo: **Tara Marks**

Guy's Hospital Gazette

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Into the 1990s

Professor Ian Cameron talks to Aman Coonar

The new principal of UMDS is Professor Ian Cameron, who is also a consultant physician at St Thomas's Hospital, where prior to his current appointment he was dean. He took over from Professor Tim Clark, of Guy's, the last Dean of UMDS.

As Principal, what aims do you have for the college?
As you know, this job is only for two years, and therefore is automatically limited, but I see my role as having two main parts. First there is the task of consolidating our current status. Both campuses have had to make considerable adjustments to the merger, and as when problems and differences arise, I see a role for me to settle those issues in the most satisfactory way. On the student front a number of problems have already raised their heads, and measures are being taken to solve them.

The other point is one of extending the merger. In some quarters there is still considerable resistance to the notion of UMDS, and I assume that this is because people feel that their position would be threatened and undermined. Those of us who see advantages in a closer union between the two campuses have to persuade those who do not of the merits of closer ties, and implement them.

What vision do you have of the UMDS of the future?
UMDS is now one of the largest medical and dental schools in the country. We should use our resources to reflect our leading position. Now that we are not competing we can develop our academic activities and produce better research. In this respect, I think that the London medical schools should challenge the leading European and North American medical schools.

We are fortunate. There is already a head start in the field of clinical dentistry, which recently was given a high rating by the universities funding council. On the other hand, the preclinical departments and clinical medicine were not, overall, so highly rated. We aim to improve these.

What about the character of medical education at UMDS?
For some time we have tried to evaluate and develop the curriculum. Professional educationalists are helping us in this process, and advising on the implementation of new ideas in educational technique.

Looking more to the future, we do recognize that medicine is a profession in need of more skills than in the past. We're currently discussing plans for the third year at medical school. Along with the option of heading straight into the clinical part of the course, and the traditional path of an intercalated BSc, we're considering both overseas and management options.

'. . . plans for the third year include management and overseas options.'

The overseas option would require the student to be taught a foreign, probably European, language. They would then be able to spend some time working and studying in a foreign hospital. The experience of a different health care system would be useful for them. With 1992 approaching we're looking in particular at a number of European medical schools. We will be after all, within about 2–3 hours train ride from Paris. I think that it is time that we started to think seriously about how to react to that market.

Our other idea is the management option. It would be open to those who have developed an interest in business, and its applications to health service systems. The course may involve an intensive introduction to managment theory and application, and could be followed by some combination of practical experience both in the health service and in non-medically related industries. I think that this option is important, for it is quite clear that we do have a need for talented managers who also have a good understanding of medicine. With both of these plans I see one major complication, and that is the cost, especially if students have to support themselves on loans.

Is anything being done to improve the narrowness of the medical school education?
We recognize that for some people, medical school, especially in the preclinical period, is not a particularly fulfilling experience. In addition to third-year options, another possible solution is to broaden the available opportunities by establishing links with a multi-disciplinary establishment. In some ways, given its proximity, and the fact that shortly King's College on the Strand will move its preclinical sciences department to a site south of the river approximately equidistant between Guy's and St Thomas's, it may be the most logical choice. UMDS could benefit both generally from the multi-disciplinary character of King's, and perhaps more specifically from links with departments such as medical ethics.

What about medical education and the White Paper?
It is true that on the topic of medical education, the White Paper lacks clarity, and there may be threats to teaching in an indirect way; reducing, it is

argued, the time available to teach, and restricting access to clinical material. We will do everything that we can to ensure that access to clinical material and other educational opportunities continue, and are developed. Additionally, do not forget that departments are paid for teaching students, and in this sense, there is a positive market stimulus for them to teach. Providing the developments are monitored, and problems solved as they arise, standards should be maintained.

Will self-governing status force hospitals to concentrate on more profitable areas of medicine, which are not always the most important ones for medical, particularly undergraduate, education?
That risk does exist, but two factors will act to reduce it. First, major hospitals will continue to provide some facilities for their local populations, and this will be a source of clinical material. Peripheral hospitals will also help.

A problem which may arise is if Guy's or St Thomas's were to opt out, and there was a considerable delay in the other party doing so. New contracts for certain staff or services may not sit comfortably with the activities of UMDS, and we shall have to react to such a scenario if it happens.

Will the White Paper not adversely affect our access to and experience of General Practice?
This is an important point. GPs will probably see many changes in their conditions and terms of service. We see them as a very important source of experience, and given that more than 50% of medical students find their way into general practice, it is important that we offer and develop this part of the course. In fact, it could be argued that if we could completely restructure the educational programme, students should actually be taught in general practices, and sometimes come into hospitals for specialty training. This however, is quite unfeasible.

What are you going to do about junior doctors' morale?
Naturally, we are disturbed and concerned by reports of low morale. What is needed is more objective data. We want to know exactly what complaints are about, and who is making them. In this context, we plan to establish a database of UMDS people in order to find out what they go on to do. Perhaps medical schools, including ours, will have to review selection procedures. Although our fallout rate of 7–10% is quite low, it is possible that people are coming here with totally unrealistic expectations. Very importantly, there is little career counselling available and this is something that we aim to rectify, both at the undergraduate and postgraduate levels. In all, I would like us to be taking a more audited, rigorous approach.

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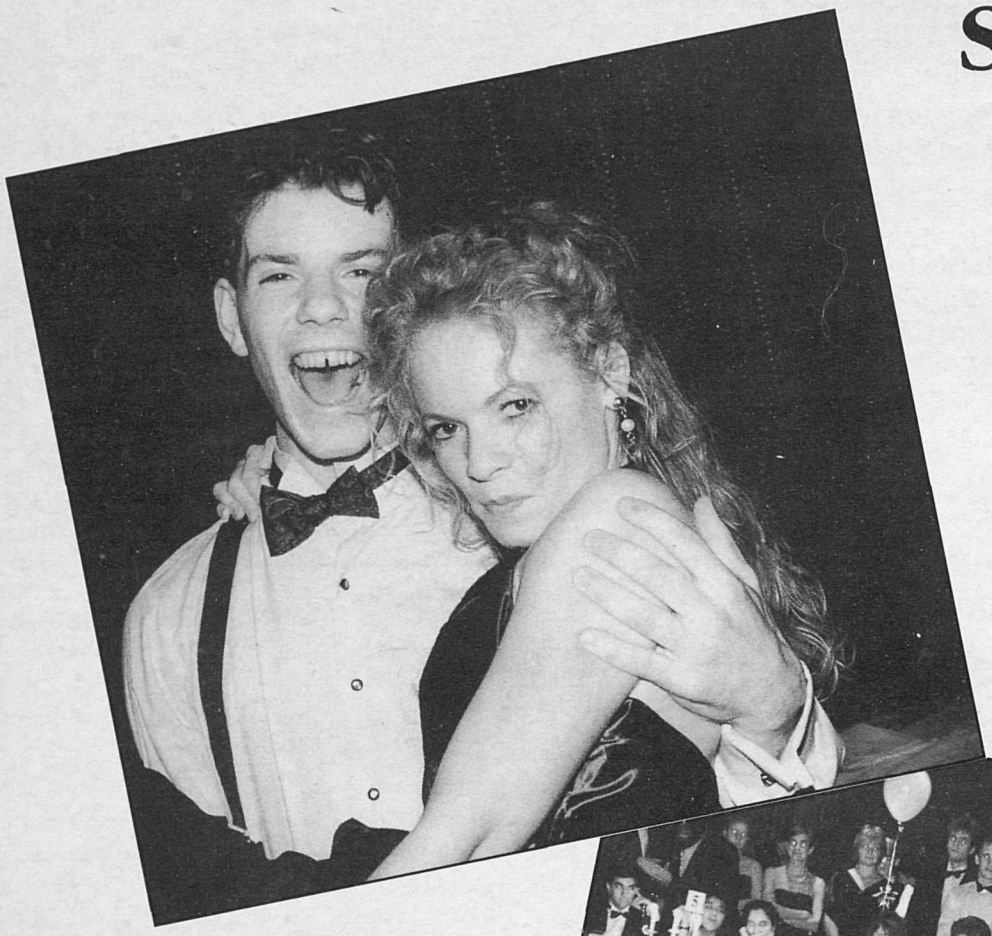
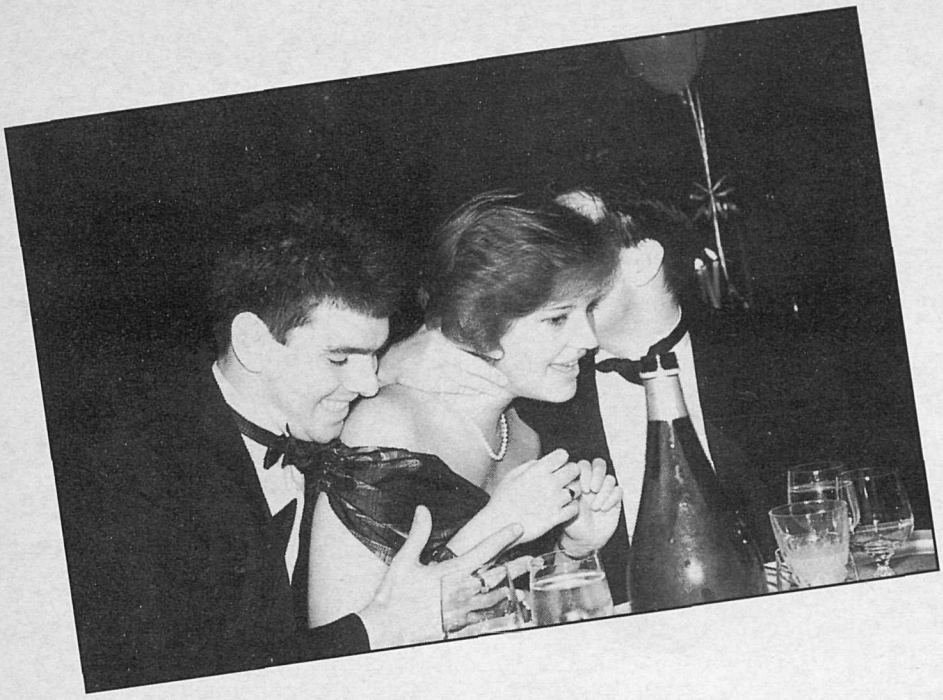
The Snowflake Ball 1990



By Tara Marks and Claire Jones, with photos by Abhi Lall and Tara Marks



Leesen very carefully, I shall zay zis only once!

The Snowflake Ball was held this year on 11 November at the Cumberland Hotel Marble Arch. Why, I 'ear you ask, are zey speaking in zis stupid French accent? Well, those among you of superior intellect (i.e. avid *Allo Allo!* followers) will already know of an important scientific use of helium (the discovery of which won Renée Artois the Nobel Prize.), which was made good use of by many guests. The spectacle of smartly dressed people snorting helium balloons was unusual to say the least! Some vocal cords may never be the same again.

If the success of a ball is measured by the availability of alcohol, then the Snowflake would win prizes. Purely in the interests of journalism, your intrepid reporters arrived well in time for the champagne reception and were not disappointed. Free champagne certainly set the night rolling.

The orchestra played 'Charmingly'—helped along by copious amounts of alcohol and the shadowy presence of Dave Pullan in the back row, keeping his vocal cords well oiled. Suggestions as to what instrument he actually plays to the editors office please!

Modesty prevents us showing photographs of the interesting birthday present received by one (lucky?) female at an adjacent table – necessary only to say that clothes were not involved.

Dining-wise, the service was excellent this year, with very friendly waiters. The food was hot and well presented, accompanied by wine and port. Most food found its intended target, with sporadic bursts of flying veggies, but in general, decorum was preserved.

The cabaret this year was on a much smaller scale than that to which we've become accustomed. It comprised of one diminuitive chap strutting his stuff under a limbo bar, and exhorting others to do the same. We wondered whether his squeaky voice was due to:

a) The helium balloons;
b) A nasty accident with the limbo pole;
c) The tight fit of his leotard.

Many new friendships were made on the dance floor due to its intimate quality (=lack of size). The band was good (we think . . .), as was the disco which followed. The evening officially ended at two am, but many party-goers continued frivolities on the street while awaiting 'alleged' taxis.

The conclusion, a good time was had by almost all—the evening being somewhat marred by a problem with the overlooking of after-dinner tickets. We trust that the unhappy customers have since been compensated. As usual we look forward to next year's Snowflake Ball with great anticipation.

Paediatric Revision. Kwei C Chin & Michael J Tarlow. Churchill Livingstone 1989.

This book is intended for candidates taking the DCH and MRCP examinations. It consists of short case histories and data for interpretation, colour photographs of clinical abnormalities for spot diagnosis, and multiple choice questions. Short explanations of the answers are given.

Although this book is useful for postgraduates practising for examinations, it is less suitable for medical students. These types of questions are not found in finals, and the answers provided are in insufficient detail for teaching purposes. It is, however, a lively way to learn for the medical student hoping for honours in Paediatrics.

Lesley Rees

Guy's Hospital Internal phone directory. Integral Publishing Company Ltd. 1989.

This glossy little paperback will certainly fill a long felt want (eight months long, to be exact). Booklets of this nature do not aim to show literary merit and this offering conforms admirably in this respect. Accuracy is, however, another matter; no doubt those who are recorded in this book but not actually on the extension quoted will be less troubled than those who are there but unrecorded.

It is only too easy to become pedantic about matters of spelling; English, we are told, is a living language, Psysiotheraphy, however, seems to me to be distortion rather than development.

Some of the material in this booklet is offered in the form of puzzles. Trying to pull off the sticky label of page six to find your winning number underneath is unrewarding but if it is held up to the light an advertisement for an Acupuncturist is revealed which offers, among other wonders, help with 'rejuvenation problems'. (Anyone finding themselves inexorably growing younger might like to try a few stabs with a needle as a change from pinching themselves!). Another of these puzzles occurs on page 68 on which an advertising standards advertisement '(we're here to put it right)' is plastered over some sort of health clinic, offering, if not the elixir of life, at least colonic irrigation. It is not always easy to see the link between a department and the advertising on the opposite page, although the placing of an advertisement for a firm of ventilating engineers which offers '. . . silent, efficient and total control of your internal environment' on the page opposite Gastroenterology is clear enough.

The structure of the booklet is such that it can be turned into the 'loose leaf' version simply by opening it three or four times. This may be a very useful feature as it comes to replace the margins of the old directory, backs of envelopes, and spare pages of 1989 diaries covered in 'new' numbers. On balance, it would seem prudent not to destroy these tried and trusted sources until this new book has established its credibility. Your reviewer admits to some prejudice against this work due to its use of the effete and inaccurate English 'e' on a certaine surname.

John Low

UNITED CLUBS NEWS

A welcome to the new decade by United Clubs president, Zaheer Yousef

My apologies for the absence of this report in recent editions of the *Gazette*, but I was occupied by various end-of-decade functions, and confused by the end of one decade and the start of a new one.

A number of important events have occurred recently starting with the Snowflake Ball. Unfortunately due to circumstances beyond my control, I missed the end of the ball, however I have been informed that the event was enjoyed by all, and would like to thank the whole committee for their efforts in organizing the event, and especially Mr Chapman for giving the after dinner speech.

A new system of membership to the United Clubs has been introduced. Until recently, the only members were undergraduate students at UMDS, and qualified doctors and dentists from Guys. Nurses, physiotherapists, and radiographers were not members of our Union, but were allowed access to the various rooms in Boland House on an unofficial basis. It was decided that this system be updated, and consequently block affiliate membership to the three schools was offered on payment of an annual fee. The schools have decided to take advantage of this offer, and therefore nurses, physiotherapists, and radiographers are now official affiliate members of the Union, and are allowed most of the privileges we enjoy. Similarly, academic, and related members of staff of the medical school are offered associate membership. The response of this scheme has also been encouraging.

Extending the membership of our Union means that Inflams, Hops, and other social events will be in greater demand, thus security has been increased at these events. In future, only blue UMDS cards, or Union membership cards will allow entry. I therefore urge you to carry these cards at all times to avoid disappointment.

Finally, as I missed the last issue, I wish you all the best in the 1990s.

Thomas Henry Stewart Burns MA BA BCL FFARCS DA

It is with very great sadness that I record the sudden death of Stewart Burns on the 27th August 1989 at his home in the Isle of Man.

He was born on the 30th June 1921 and educated at St Paul's School, Keble College Oxford (where he was President of the Oxford University Boat Club), and Guy's Hospital. He qualified in 1946 and following HS and HP appointments in the Guy's Sector became resident anaesthetist at Guy's. His National Service was spent in the RAF as a graded anaesthetic specialist (Squadron-Leader), after which he returned to Guy's in 1950 as P/T research fellow and senior registrar in the department of anaesthetics.

He subsequently made considerable contributions to anaesthetics. He was largely responsible for the introduction of sterile syringes in glass containers, which stimulated research into a fully equipped central sterile supply department. He next designed, built and tested the 'Burns trilene inhaler' suitable for midwives, using a new principle—that of the carburettor, which remained a popular form of analgesia in obstetrics for a number of years. Another of his interests was the search for a non-inflammable anaesthetic agent. Together with Dr J M Hall, Professor Arthur Bracken from BOC and a team of scientists from ICI he investigated many new compounds which lead to the introduction of Fluothane (Halothane). Stewart was one of the first clinicians to use and evaluate this new drug; and as a result of these interests the Ministry of Health in 1956 asked him to serve on the working party on anaesthetic explosions.

In 1954 Stewart was appointed Consultant Anaesthetist to the Royal Northern Hospital and in the following year to St Thomas's Hospital. He was very interested in undergraduate teaching, which was always stimulating due to his original and rather unorthodox views on anaesthesia, which he maintained until he retired in 1982.

His main interests outside medicine were rowing, travelling on trains and music. Having rowed for Oxford in the winning crew he naturally went on to row for the RAF. As a member of Leander he never missed a Henley Regatta and was a most convivial and generous host to his friends. He was delighted to be elected President of the St Thomas's Hospital Rowing Club from 1964–68. He and Joan, whom he married in 1945, were great train travellers having done most of the long train journeys in the world except, I think, the Trans-Siberian! They travelled frequently to England to attend concerts and whilst listening to a tape recording at home he suddenly and unexpectedly collapsed and died.

Stewart was a devout christian; a kind, charming and generous man, who will be sadly missed by his many friends and especially Joan and his children—Adrian and Anne and their families.

DMC

Naughty?

The beginning of 1990 marks the start of a new decade—do we have any reason to suppose this will bear any similarity to its nineteenth century counterpart? Victorian values were obviously being challenged a hundred years ago, and the call for a revival of these values in recent years has not received widespread welcome.

The health service, and within it Guy's Hospital, is at a crucial cross roads: depending on your political point of view it is poised to go forward with a thrust into a new responsibility for all staff, or to fall back to a system left behind decades ago with little regret.

The end of the 1980s sees nurses looking toward PK2; if you don't know what that means then just study the hospital Christmas scene. 'Not the old spirit' one senior nurse informed me; 'No, I don't come in on Christmas day to carve the turkey any more' said one senior consultant. Of course the privatization of the domestic services has done wonders—but who were the wonders who provided a service at Christmas—nurses were abandoned to do the washing up! Will the PK2 trainees do this, when it comes to their turn?

Ah well, I guess it will be the turn of 'support workers' to carry out these mundane tasks in the 1990s. One has yet to hear where these recruits, to replace the student nurse labour force once these are deemed 'supernumary', are to come from. Demographic changes already herald a shortage of youngsters coming on the employment market—will support workers be offered salaries considerably in excess of the present day auxilliaries? If not, then I must admit to a fearing for their quantity, let alone their quality.

The recent ambulance dispute has prompted the health secretary to state that he is running a business: I overheard someone say they thought it was a health service. If this is a foretaste of the state of affairs if and when the hospital achieves independent status maybe nurses are justified in their anxiety. The opposition is reduced to passing its views on via leaflets distributed outside the hospital gates. The very idea that there is an independent voice is not encountered by a democratic approach. Democracy, it seems, is a principle more honoured in the breach than in the observance. Those who have struggled in Eastern bloc countries for a taste of freedom may

NURSING NOTES

soon realize that it is considerably easier to achieve in theory than it is in practice.

Maybe the 1990s will also see a new rash of jargon—I'm sure the epithet 'naughty', of the 1890s, was an instance which related to few of the population. Will we still hear from management about nurses with 'hands on care'? This is a polite way of describing those who actually give the patient care, as opposed to those who manage it. 'Hands on' equates with less pay. I've also heard of those who 'address' an issue: this means we've got a problem and no idea how to solve it. This situation seems unlikely to disappear in the 1990s. After a sufficient length of time 'addressing' the problem, it is usually 'put on the back burner'. This means nothing more will be done about it. Finally, what will we 'take on board'? I often fear this should read 'take on bored'—at any rate from the weary look on the faces of those who pronounce the former: they often look as if the latter spelling would be more appropriate.

Finally, if, as the management board rightly insists, they are there to manage, who decides who manages?

Quis custodiet ipsos custodes?

Denis Cobell

PHYSIOTHERAPY NOTES

Quality Assured?

Quality: that which makes a thing what it is: property: peculiar power: acquisition: character: rank: superior birth or character.

Assurance: confidence: feeling of certainty: impudence: positive declaration: insurance – as applied to lives. (Taken from the Chambers Etymological Dictionary.)

Quality Assurance continues to be a buzz-word around Guy's. What does it mean for us and for our patients? Is a positive declaration being made that someone has peculiar powers; that someone has an impudent character; or that a member of staff or a patient has a feeling of certainty that he/she is of a superior birth or character? Probably all of these things are happening somewhere on the campus most of the time.

To avoid confusion, the Chartered Society of Physiotherapy has drawn up a Fact Sheet which contains a glossary, so that the terminology used will 'provide a means of communication between health professionals that is unambiguous and of mutual understanding' (sic).

The Society has referred to six sources of information including the World Health Organisation and the Standards' Authorities in Australia, Britain, Europe and Ireland. Quality Assurance is defined as 'an all embracing term to describe all evaluation activities undertaken by a facility. This includes clinical review, utilisation review and review of non-clinical services' (Australian Council on Hospital Standards), and 'the measurement of the actual level of the services rendered, plus the efforts to modify when necessary the provision of these services in the light of the results of measurement' (WHO).

The fact sheet goes on through audit, control, manuals and plans, and offers information on several journals and papers.

A special meeting has recently been held on setting standards in Physiotherapy. Reports were given on various projects which are in progress across the country, and work was performed in the inevitable small groups, on how standards can be set, used and monitored and how these standards compare with those set by other professions. The Special Interest Groups are working on the standards specific to their specialty and these will be submitted to the Central Quality Assurance Working party to form the basis for the proposed National Standards.

Where do students fit into this scenario? Assessment is not a new concept in physiotherapeutic activity and is recognised as good professional practice. Students are familiar with this idea because Guy's training is 'course work' and 'continuous assessment' orientated and so there is an element of on-going evaluation from the beginning. Each clinical placement in the second and third years stands on its own for evaluation of clinical competency and contributes to the final qualification.

Assessment, re-assessment and evaluation of treatment has always been the basis of good clinical practice. We have now all to be seen to be reviewing our own and our peers' work to ensure that patients really do receive the best care there is available.

Unfortunately, we are not always working in the best environment, but when a lick of paint can be afforded even the physiotheraphy out-patient department should be able to be upcheered.

Diana Innocenti

This month, we launch the Gazette *sports and societies coverage of the 1990s with a review of the activities of all those Guy's clubs that responded to our invitation to participate*

Athletics Club

In the three years since the Guy's/St Thomas' club merger the club can lay claim to having been the most successful student team in London, wrestling the mantle from Imperial College. We have been University of London champions twice, runners up this year and winter champions on each occasion.

We were fortunate enough to have a string of good athletes, many of them competing for London University and at county level. We have produced three British University champions and a record holder in recent times—so it's not all Loughborough.

As a cautionary note I should add that many of our regulars have now graduated and so resources will be stretched this season without an input from pre-clinical years. So if you're interested and you'd like to wear our strip, a subtle blend of red and white carried out in a laundrette somewhere near Wolfson, then please get in touch. We can't guarantee that it makes you run any faster, but it certainly gives you that little extra incentive.

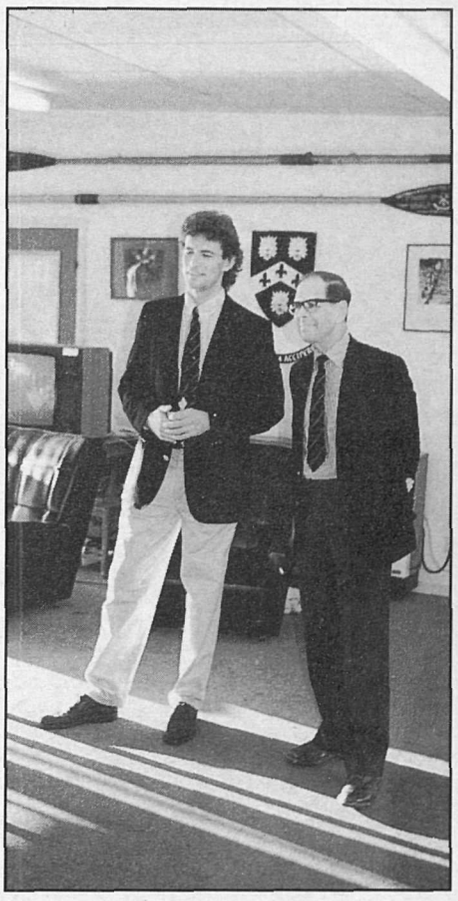
Justin Sims *Captain*

Boat Club

Since 1986, when GHBC moved out of the crowded University of London boat house into one of its own, shared with the eminent Tideway Sculler School, the club has gone from strength to strength. A policy of equipping the club with modern carbon-fibre boats as well as maintaining the older boats has enabled the club to grow in numbers, expand its fleet and provide boats for all standards. Every year the more experienced members are nurtured while a large batch of novices is trained to become competent oarsmen, all of whom enter a range of events over the rowing year. With licence to maintain our identity as GHBC in these days of UMDS, we are eager to carry on the tradition of being a successful hospital club at both novice and experienced level.

Over the last few years we have featured prominently in Hospital events, winning both men's and ladies sprint VIII events in 1987/88. Last year the men's 1st VIII were the fastest hospital crew over the University of London Head of the River Race. Novice crews have done equally well in various UH and UL regattas. In the annual bumps in May, Guy's still manages to put out more crews than any other hospital; eleven in 1989 with three in the men's 1st division alone. Beyond the Tideway, Guy's ladies won the novice VIII's class at the Reading HORR in 1987/88, and the men won the novice VIII's at the same regatta in 88/89. More summer regattas are being entered than before including Henley, where a coxless IV just missed qualification in 1988 and a composite crew (with STHBC) was narrowly beaten in the 1st round in 1989.

This year started well in September with the first Guy's VIII to do a sub-four-hour Boston Marathon. With the arrival of the freshers the winter training brought victory for both men's and women's 2nd VIII's (all freshers) in the UH sprints in December. Five IV's from Guy's rowed well in the IV's HORR in November and the Kingston small boats head saw two Guy's Scullers perform admirably along with a ladies coxed IV. With the winter term already behind us and the freshers returning from the comforts of home, preparation is underway for the forthcoming head season in 1990. The Guy's Boat Club has seen many positive changes throughout the 1980s and looks forward to an even more successful decade.



Boat Club captain Andy Williams (*left*) with the original Donald Bompas.

A recent acquisition for the club was a new Janousek carbon-fibre Coxless IV. This was named the Donald Bompas at a launching ceremony on 4 November. Mr Bompas retired as secretary of the medical school in 1986 but is still very involved in activities around Guy's today. He has always been a very active and enthusiastic member of the club and we are particularly indebted to him for the hard work he put into securing our own boat house in 1986.

Andy Williams *Captain*

Cricket Club

In the 1989 season we fielded three sides, played and enjoyed much cricket, and went on tour to Plymouth (see tour report). The first XI are the reigning champions of the London Hospitals limited overs league. However, this year we were knocked out of the Hospitals' Cup by UCH/Middlesex.

Sadly this year Dr G W Scott retired as president of the club. I am sure he will remember our send off dinner at the Tower Hotel in October and I would like to thank him again for his support throughout the years. We welcome Dr J Rees as our new president.

1990 heralds the installation of 2 new all weather nets at HOP and indoor nets will begin in late February at the Elephant and Castle sports centre and run into the start of the outdoor season. These sessions will be on Saturday mornings from 10–12 am, all welcome. Please see either Henry, Sanjay or myself for further details.

Finally, to anyone who wants to play cricket, come along and play in 1990.

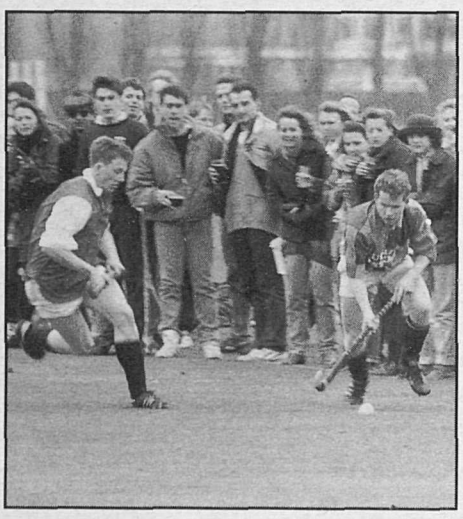
Jonathan Hare

Hockey Club

The latter half of the eighties has seen the hockey team go from strength to strength, putting to rest forever earlier fears that the folding of the club was imminent.

Of the freshers in 1985, all four of us were to become captains of the side: Stuart Millar, Alan Whelan, Mark Cynk and myself. This, coupled with a strong squad, lead to our progressing further in the Hospitals' Cup. Our semi-final victory last season at UCH's expense was fitting revenge for our exit in 1988. In the final we succumbed to a strong St Thomas's team fortified by a healthy Oxbridge intake. Glory was denied, our support was magnificent, Cobham was destroyed.

On the touring front we have ventured further afield than Folkestone, our usual haunt. Deciding that a trip down the M20 was not navigationally challenging enough, we entered Europe armed with 15 men and a sextant. Pisa was visited in 1988, followed by the Amsterdam tour of 1989. Friendships were made, and broken—aided by Ken Ong demonstrating that a jug chained to ones wrist could be used as a beer-laden yo-yo, Closer to home the Spirochaetes have continued visiting my homeland, and, remarkably still remain unbeaten in Torbay.



Hockey action against St Thomas's (*Photo:* **Tara Marks**)

Strength in organization has been one of our fortes. Jim Booker has now undertaken the captaincy of a 2nd XI, and a 3rd XI is certainly feasible. Integral to our success has been Mr John Spencer whose encouragement and support over the years as president has been one of our greatest assets.

Last season Guy's gained promotion from the 3rd to the 2nd division of UL league, a position we hope to consolidate.

We felt that positive steps should be taken this season to encourage the formation of a UMDS club, allowing a smoother transition following the merger.

On Wednesdays the UL League team now has a more formidable look, and on Saturdays three UMDS sides are put out: two of these playing in the Surrey and Kent leagues respectively. We felt that, due to our successes in the UH cup, it would be best to maintain separate identity for this competition, providing, sadly, our final chance of capturing the Cup for Guy's before the UMDS era of the 90's begins.

Deepak Gill *Captain*

Football Club

Over recent years GHAFC has been without doubt one of the most successful sporting clubs at the hospital. In the 1986/87 season the first team was promoted to division 1, and the second XI was promoted to division 3. The following season the first XI, captained by David Callaghan won division 1, and were therefore promoted to the premier division. The second XI won the UH cup beating St Georges 1–0. Their captain was Gautom Biswas.

Then in 1988/89 they retained the UH cup and were promoted to division 2, captained by Paul Abrahams.

Although the present season is only a few months old the first team are second in the premier division with possibly the strongest Guy's side for many years. The second team are more than holding their own in a division containing many hospital first teams.

The club is also a success off the pitch, having undertaken successful tours to France and Amsterdam in recent years. A tour to Eire is expected to take place towards the end of March 1990.

A major coup for the club this season has been the acquisition of sponsorship from the Allied Irish Bank. The bank have supplied kit for both teams.

The success that the club has enjoyed is largely due to the enthusiasm of the 'Old Boys' and the help of our president, Clive Archer. Unfortunately the 1989–90 season will be the last year of GHAFC. The amalgamation with St Thomas's is now inevitable.

A Mead *1st Team Capt*
H Taylor *2nd Team Capt*

Ladies Lawn Tennis Club

Over the past few years we have consistently turned out a team of 6 players from a very strong squad of medics, dentists and physiotherapists. There is a match every Wed and Sat either UH cup, or League fixtures. Otherwise, a friendly meeting is arranged or just a squad practice/knock up at HOP.

We are also responsible for the organisation of the tennis tournament

at the annual Summer Festival. This is entered into with great spirit by official club members, and non- alike, and has been a great success in past years. Winners (this year Kate Williams and partner Rhiaz Khan) each receive a trophy and bottle of champa's, plus the honour of their names engraved on the official competition shield.

We try to communicate with the men's club as much as possible, to open the opportunities for some mixed matches. Last year, as a combined club, we achieved membership at the prestigious Queen's Club. This enables us to make use of their indoor court facilities on Sunday evenings. We've yet to establish regular outings, but are working on it!

We weren't represented at fresher's fair in Oct '89 and, consequently, we have no idea of 1st year interest. Therefore, I am making a plea for *anyone* who feels that they would like to play for us in the spring and summer 1990 to slip their name and contact no/ address, into the Ladies LTC pigeon hole in Boland House as soon as poss.

Rachel Harrison

Squash Club

Men's squash at Guy's has suffered in the last few years from a dearth of new talent, with the notable exceptions of Jason Neil-Dwyer and Neil Davies. The club is now merged with that at St Thomas's, although most of the combined teams are formed of Guy's players. The first season of the UMDS club has been very successful, with four out of five teams being promoted in their divisions of the London University league.

Women's squash has been highly successful under the sterling captaincy of Sue Ward, who regrettably is leaving us for pastures new. She has been succeeded by Rebecca Lewis.

A threat to the club is posed by Phase III, which will lead to the demolition of the staff courts used by the members of the Thomas Guy Club. This will make the courts at the Pavy Gym, to which Guy's students have a prior claim, more busy than usual, until the new staff courts are built.

Mountaineering Club

Mountaineering has its ups and downs. Over the past turbulent decade Guys Hospital Mountaineering Club (GHMC) has introduced more than its fair share of fresh-faced dentists, medics, nurses, physios and assorted reprobates to the delights of mountains, crags, rain and each other. The biggest change has been the acquisition of the (whisper it), magnificent hut in a secret location in North Wales. Opened in 1985, in the distinguished presence of Mr Joyce, the club President and Mr Bompas, its spiritual architect. Thanks to the care of its guardian angels (Mr and Mrs Welsh) and fairy godmothers (The medical school administration and works department), the hut has continued to be the most popular destination for club trips. Gnarled veterans remember the times before, when huts and campsites of all shapes and sizes were visited, and characters built in the conflict with unruly neighbours, ranging from sheep downwards.

In order to satisfy the collective wanderlust, expeditions have gone out all over the globe, including South America, the Alps, Southern France and Mile End Climbing Wall. These journeys have provided excitement, discomfort, achievement, and extravagant insurance claims in abundance, most of the participants returning to the UK with only their livers damaged.

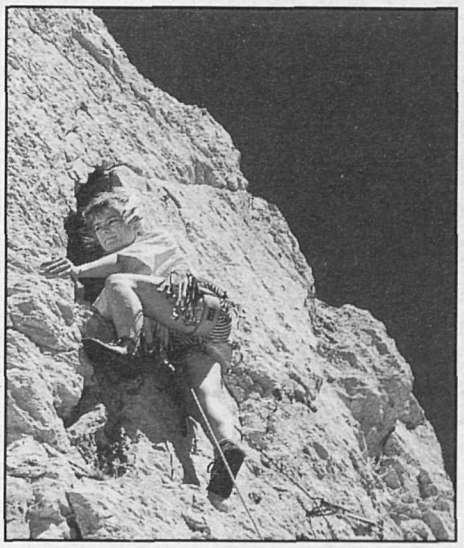
Back home, the greenhouse effect seems to have made much of the snow and ice equipment redundant, to be replaced by flexible friends and lycra tights, essential accessories for that 'totally gripped' look. 'Wet look' is still 'de rigeur' for walkers, along with little girl (and boy) lost.

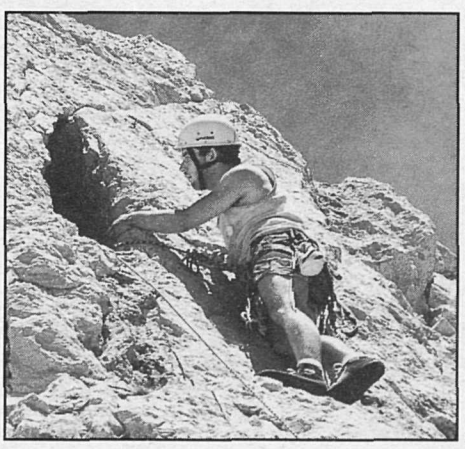
Club members over the past ten years have gone on to mountain rescue and Porsche 911's, still without finding their way around the Glydders! Competence is not essential, but confidence (as in trickster) is!

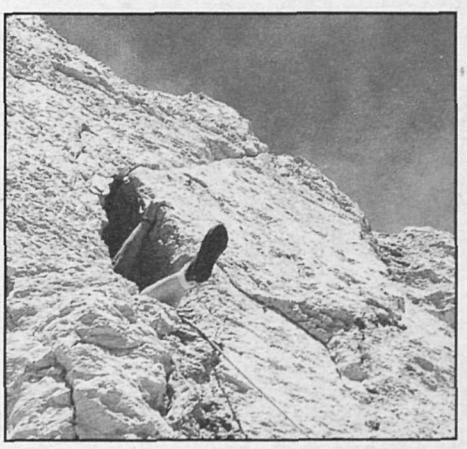
To all those who have been mountaineering over the past ten years with Guys, as the actress said to the bishop, come again!

Emma Ross

PS If you wish to go to Mile End Climbing Wall, the members of the Clubs Union will soon be entitled to cheaper entry. All you need is your UMDS photocard. If you want directions and opening times leave a message in the pigeonhole.







'I counted them all in . . .' Cave antics in the mountaineering club. (Photo courtesy of Emma Ross)

Martial Arts Club

Most Pavy Gym users will be familiar with us martial artists. We have been training twice-weekly there for over five years. Some of the original founding members have qualified and left, leaving the rest of us struggling to master the healing art by day and the harming art by night. Yet most certainly, it is in the contradiction that we revel—the ultimate escape from medicine or dentistry.

Despite the club's doubling in size, its atmosphere has never felt more esoteric. The change of affiliation from Austin Goh's martial arts academy, to Bob Breen's modern combat system early last year reflects our more freestyle approach of late. Our instructor, Ian Davies, now incorporates more techniques from many other arts, such as Aikido, Silat and Thai boxing to broaden our traditional Wing Chun base. He now authorizes our gradings.

'Our instructor now incorporates Aikido, Silat and Thai boxing.

Our course in ladies' self defence has become very popular. In four sessions, we aim no more than to teach the ladies a few simple but devastating moves, and to execute them with absolute aggression.

There were many memorable events last year. Sanjay Gautama, our last captain, attended an advanced grappling course with Larry Hartsell. We gave a demonstration to over 50 freshers in the Pavy Gym. Dr Fry, a consultant psychiatrist, has kindly agreed to become our new president.

Looking ahead, this year we are planning more advanced courses for senior students, more club outings to competitions, tournaments, movies demonstrations and so on. Our AGM will be in February.

We train every Thursday evening in the Pavy Gym from 5.30 pm. We are not looking necessarily for martial artists, but for enthusiasts. Do contact me if you would like to take part.

P Chandr-Ruang-Phen *Captain*

UMDS Rugby

Into the next decade

The 1980s have been a time of great change in Guy's Hospital and in the rugby club, with the formation of UMDS and the introduction of a rugby union league system.

Hospital rugby is of enormous historical importance and was instrumental in the development of the game. This rôle is reflected in the book *Sport '89: A Year in Pictures*, as it devotes a section to hospital rugby. It says,

'Apart from boasting the oldest rugby club in the world—Guy's, which was founded in 1843, years before the Rugby Football Union—the hospitals have made a tremendous contribution to both the international scene and rugby in general. As long ago as 1875, when the first final between hospitals was played, St George's were able to field five internationals'.

Incidentally, this game, the final of the Hospital's Challenge Cup, rugby's oldest tournament, was won by Guy's.

Towards the end of the century the hospitals initiated the concept of mobile packs (so much talked about today), and the use of four three-quarters instead of two or three. Also introduced were touch judges, innovations which rapidly became standard practice. Guy's was largely responsible for these progressive developments and the club remains at the top of the table of Hospital Cup victories, with 30.

The Guy's pedigree allowed the club to retain a first class fixture list, until the upheavals caused by the advent of the Courage leagues, only three years ago. In 1986, Guy's played opposition destined for the very highest leagues, including Nottingham, Coventry, Nuneaton, Askeans and Blackheath. All save Blackheath were lost when league rugby put pressure on top sides' fixture lists. 1986 was also the last time Guy's played Cambridge University. This had long been a part of the light blues preparation for the varsity match and, although invariably lost by the gold and navy's, it gave Guy's men the opportunity to play against soon-to-be England internationals and always brought out the best in our side.

Despite the history of innovation, Guy's was slow to adapt to the leagues. The first two years in London Division 3 (South West) saw Guy's finish 7th in the 11-team league. The team continued to play the gritty, fast and entertaining style of rugby that had long brought it respect, but often missed league points by the most slender of margins. This experience tightened the Guy's game and this led to victory in the Gutteridge plate competition last season. During the summer, Guy's enjoyed a winning tour of Canada, where the hospital and club are both well-known and well-respected.

This season, the club is enjoying a successful league programme. For the first time, Guy's is in a higher league position than any other Hospital. With 6 of the 10 matches completed, Guy's is firmly in contention for a promotion place. In October, the Guy's team totally dominated and won the medical schools VIIs tournament, outclassing the opposition and scoring 130 points to only 6 in the six round competition. The fitness and skills of the present team have already given a 9 match unbeaten run and promises one of the most successful seasons of recent years.

At the turn of a decade, it is customary not only to look back, but also to look to the future. Guy's Hospital RFC is now a part of UMDS, and, as the club approaches its 150th anniversary, the hope is that its name and great tradition are allowed to flourish. There cannot be many hospitals that can boast a sports club that holds such a unique position in a sport. As Guy's Hospital RFC reaches 150, the first rugby club to do so, we should be proud of that century and a half of achievement and look to build upon it in the future.

Geraint Thomason

1st XV Matches

In early December, Guy's Hospital RFC visited the Old Cranleighans side down in darkest Surrey. In a thundering display, Guy's swept the old boys aside scoring six tries to win 28–10. The victory was built upon domination by the forwards—with tries for Thomason, Llewellyn Junior and two for Ryan not to mention incisive running by the backs (particularly Jones) and tries from Hall and Bevan. Neil Davies managed to get two kicks over. Thomason endeavoured to bring Cranleighans

back into the game by passing the ball directly to their wing, who trotted in for a score.

Against Esher Guy's were ill-at-ease and disjointed and that allowed Esher to sprint to a 12–0 lead in the first few minutes. Things started to gel and the forwards began to win the ball in tight and loose play. This spurred the backs into action and after a lengthy, aggressive run, Bevan found himself at the try line, and he touched down for the score. Esher maintained the pressure so that at the half, Guy's trailed 19–6.

In the second half, Esher struggled to contain Guy's, as the ball was run at every opportunity. The backs, notably Luc Bridgend, gave an emphatic display and Neil Davies showed off by running the length of the field to score. The forward pressure gave George the Prop, making a solid debut, a try. A well-placed scrum gave Richard Docker the chance and put Pat Gush over in the corner. This gave Guy's the lead for the first time in the match which they held through the keenly contested climax of the game to secure an impressive victory.

Geraint Thomason

Guys 1st XV vs O Guildfordians

Last year's epic battle against OGs was marked by its aggression, but the rematch this season had all the fight of Morris-dancing. That is not to say that the game was not entertaining. An acute crossfield kick from Davies put Pat Gush in for an early try and after an error at the base, Docker scampered wide to put Andy Hall clear. The forwards then dominated proceedings until a mistake in midfield gave OGs a breakaway try. Play was then taken up to the opposition '22', where from the ensuing tap penalty, Guy's managed to score.

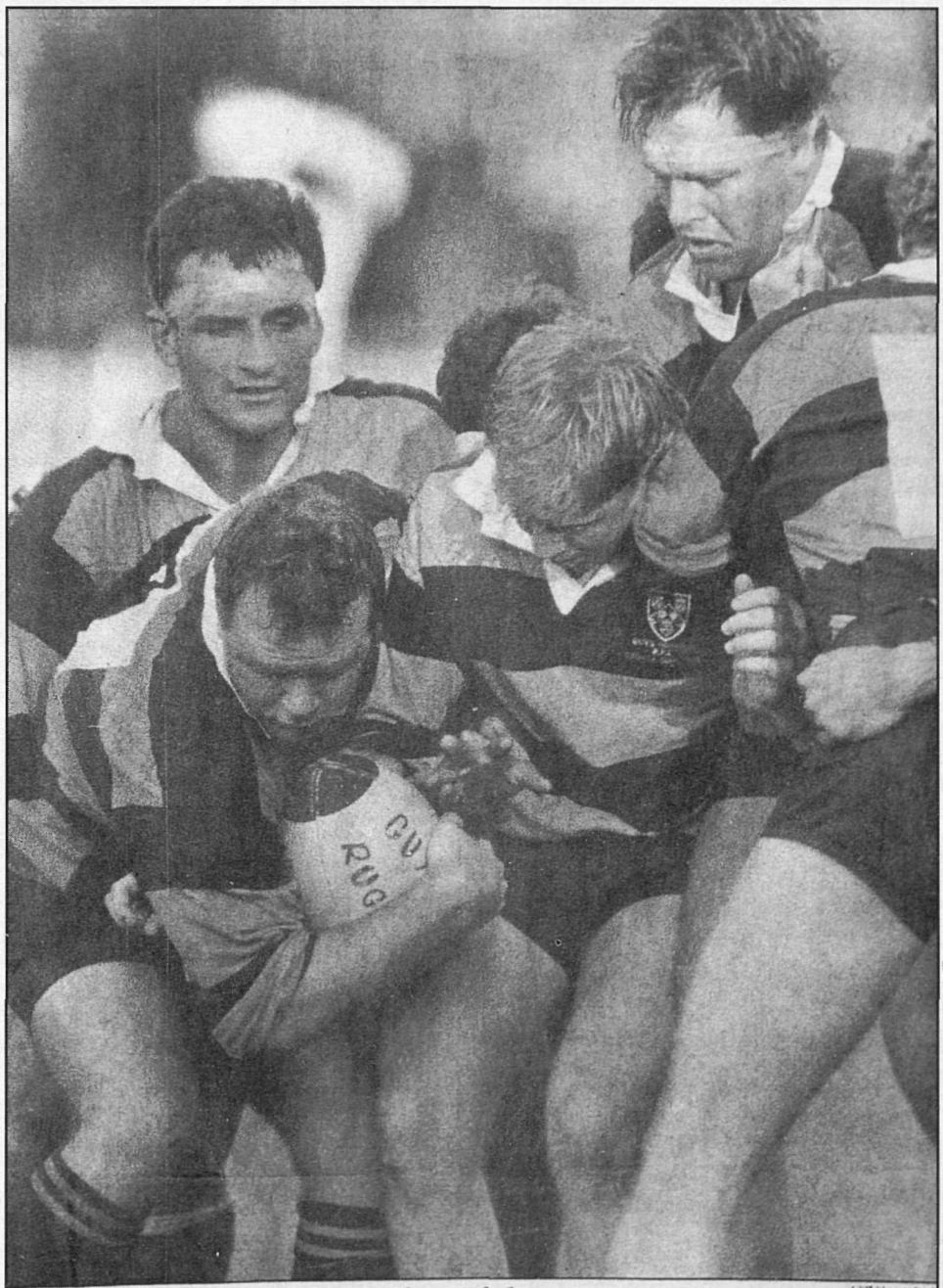
The second half was very much a one-way affair against the weakened Guildfordians side. Further tries came from Davies (after an inside switch from Beardmore), Llewelyn, Ryan and Gush. As the dusk drew in and another league victory was secured, the players returned to the bar.

This newspaper tribute to Guy's rugby team comes from the 1989 tour of Canada.

Guy's 3rd XV vs Old Alleynians

November 25 Honor Oak Park
Lost 16–25

The Alleynians have played Guy's at all levels for decades. Unlike most pre-lunch matches the pace was fast and play was fiercely committed from the outset. The taller, heavier old boys were on occasion pushed in the scrum but in the lines-out won a substantial majority of the ball. In the loose too, the Alleynians had the upper hand. Guy's tackling was exemplary and no matter how the opposition varied their play a try eluded them. Under pressure, Guy's conceded a free kick near their line. The resultant dropped goal put Alleynians into a lead which they soon extended with a converted try. Popplewell left the field to keep a pre-arranged engagement. Skyrme came on



Cliff Skarstedt ph

London rugby side pays a visit

Local rugby had a decidedly international flavour last Wednesday in Beaconsfield. The famed Guy's Hospital Rugby Club from London, England made a pit stop in the West Island for a match with the host Beaconsfield side. The visitors toyed with their hosts and coasted to a 41-17 win. Top scorer for Guy's was flyhalf N. Davies with 22 points. The game was played at Beaconsfield High School.

as substitute but Popplewell's weight in the scrum was missed. Guy's defended and spoiled with spirit. From a scrum, the ball sped to the wing and Huw Davies, coming into the line from full-back, scored Guy's first try.

At the interval the Hospital side were losing 13–4. Foley and Smith came on for Rosell and Lewis, the latter leaving the field with a nose-bleed. The kick off was a shambles. Hughes put the ball deep, the kick was returned and fumbled and a marauding group of opposition players snapped up the ball with gratitutde. A converted try now made Guy's task seem impossible.

The speed of the game was unrelenting and the old boys showed some evidence of tiring. Confident in their score, concentration lapsed sufficiently for Skyrme to break through several tackles and kick toward the line. Ed Hughes scored and then converted to make it a more respectable 19–10. There was more excellent running from the backs especially Richard Breeze whose swerve and acceleration on the wing made impressive gains. Alleynians scored once more but the final points went to Guy's when Nigel Smith, in his first hospital game, took an opportunist try which Hughes converted. It was a hard, rigorous game of high quality.

Team: C Howell, T Gibson, D Zangouras, A Slade, R Jones, M Popplewell, P Rosell, J Lewis (*Capt*), C Hands, E Hughes, M Veysey, M Henderson, R Breeze, M Lewis, H Davies, Subs: S Foley, A Skyrme, N Smith

Guy's 3rd XV vs Old Guildfordians

Won 19–9 18 November 1989 HOP

The sun was low when the opposition arrived. On the other pitch the first fifteen were already on their way to their biggest league victory so far. In a fit of enthusiasm which quite confounded the greybeards in the side, Jim Lewis took his team through a programme of calisthenics, sprints and passing movements before the game. It may not have frightened the opposition but it seriously alarmed Chris Howell.

In the preceding week the team had done much right against Old Walcountians and yet lost. It was a curious contest in which the Guy's players had laboured then dropped the ball or passed to the opposition. There was a determination to make amends and the team on this occasion was strengthened by the inclusion of Popplewell, Linney, Conchie and Chew. It was nevertheless a slow start by the hospital side. The forwards pushed their opposition in the scrums, an unusual phenomenon in the thirds. Could Popplewell have made the difference? Could his girth be a manifestation of phantom pregnancy? Rebecca Popplewell was not on the touchline but is proceeding satisfactorily.

Guildfordians also fielded some statesmen. They had guile but limited stamina. Behind their pack was youth and a couple of handy wingers. The Old Boys kicked as often as they could to these players and eventually one collected and scored. The try was converted. Guy's first try followed a sort of rolling maul when, in roly-poly slow motion, Chris Howell and Jamie Conchie dropped over the line embracing each other and the ball. They shared the honours. Guy Selmon kicked the conversion. He had an excellent game. He often broke through the defence and was unlucky not to reach the line several times. Following such a break, Foley ran fast onto the ball and scored beneath the posts. The try was converted and at halftime it was 12–6.

In the second half the Guy's side played some attractive football. All the backs had opportunities. Tom Lindup, Phil Rosell, Jason Neil-Dwyer and Paul Duckett linked well and came close to scoring. Paul Chew played a calm game at full back, venturing into the line when he could. Popplewell made some daring, exhausting runs and both Jim Lewis and Andy Linney were regularly in the thick of things. Guy Selmon earned his long awaited try which was not converted. An earlier effort was disallowed because the discerning referee, Prof Challacombe, observed a front row infringement a moment beforehand. Those students who questioned his decision did so with unusual civility.

Both teams scored a penalty and with the sun set and the myopic oldies looking askance at the referee, the whistle was blown at 19–9.

Team: C Howell, T Gibson, C Pugh, M Popplewell, A Slade, J Lewis (*Capt*), A Linney, J Conchie, T Lindup, G Selmon, P Rosell, S Foley, P Duckett, J Neil-Dwyer, P Chew.

Guy's 3rd XV vs Old Cranleighans 3rd XV

Following a brief warm-up, the game started with Guy's pack dominant. Early on we were awarded 3 penalties all of which were kicked towards the posts to gain 3 points. In the lineouts Guy's were much aided by the welcome return of Craig Welsby. It seemed as if we had the game all wrapped up, when a free kick was awarded to the Old Blues which found its way between the posts, to level the socre at 3–3.

After a team talk from step-in skipper Guy Selmon we ran into kick off with our confidence boosted, determined to win. The second half was much more balanced, both packs fighting for possession with all at stake. Guy's suffered from a 3pt penalty against them leaving the final score 6–3.

Jim Lewis

4th XV Report

P8 W3 L5 F98 A98

Against Streatham and Croydon on 6 January, everyone selected to play was either skiing, partying, injured or going to a funeral. A team of fourteen players set off from Boland House at 1.15, however, and a member of the team found that he had a brother in Croydon who might like to play.

In a scrappy first half, playing downhill and with the wind, we only managed to score four points, with James driving on his own kick ahead, while all the opposition ran the other way.

In the second half, with the wind and the hill against us, our superior fitness began to show.

We scored our second try, but missed the kick.

Guy's then relaxed, allowing Streatham to score a try. This immediately spurred us on, and we replied with another try, which was followed by one from Streatham. Thankfully the final whistle came very shortly after that.

Martin Veysey

EXAM

PART ONE

Have You

1. Swum the Channel
2. Flown a helicopter
3. Shopped at Namche Bazaar
4. A good salary
5. Water ski-ed across the Med
6. Made a parachute descent
7. Started earning a pension from 21

(if you said Yes to two or more of these questions you are probably a cadet in the Royal Army Medical Corps and exempt Part Two)

PART TWO

Have You

1. Good health
2. Passed 2nd MB or nearing it
3. A desire to do something different
4. An interest in sport
5. The ability to work in a team
6. A sense of discipline
7. An urge to travel

If you improved on your score in Part One perhaps you should write to:

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REGIMENTAL HEADQUARTERS RAMC
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ALDERSHOT HANTS
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MAR 1990

GUY'S GAZETTE

THE WILLS LIBRARY
29 MAR 1990
GUY'S HOSPITAL MEDICAL SCHOOL

Gazette sports photo competition

An afternoon delight

Dr Lindsay Smith on a mystery tour through the Wills Library collection

407 Art Club

Terry Gibson and Remy Chevalier look round the winter exhibition

Skiing in Tignes

Peter Ware reports on the ski club trip

EXAM

PART ONE

Have You

1. Swum the Channel
2. Flown a helicopter
3. Shopped at Namche Bazaar
4. A good salary
5. Water ski-ed across the Med
6. Made a parachute descent
7. Started earning a pension from 21

(if you said Yes to two or more of these questions you are probably a cadet in the Royal Army Medical Corps and exempt Part Two)

PART TWO

Have You

1. Good health
2. Passed 2nd MB or nearing it
3. A desire to do something different
4. An interest in sport
5. The ability to work in a team
6. A sense of discipline
7. An urge to travel

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GU12 5RQ
Tel: Ald (0252) 340307

GUY'S GAZETTE

CONTENTS

26 Letters—Gazette junked. Confusion over white coat lengths.

28 News—A facelift for Boland House? Keen loses in High Court. Nuffield wing completed.

30 407 Art Club student exhibition—Our Art Correspondent takes a look, with captions by Remy Chevalier.

34 Ski tour 1990—Our ski correspondent accompanies the Guy's ski trip to Tignes.

36 An afternoon delight—Paediatrician Lindsay Smith spends a happy afternoon in the Wills Library.

37 Nursing Notes—Denis Cobell on nursing and the law.

38 Physiotherapy Notes—Diana Innocenti on the national physiotherapy week.

39 United Clubs News—with Zaheer Yousef.

40 Reviews

41 Sport

44 Crossword and Classified.

Cover photo shows the boat club eight before the Boston Marathon.

Guy's Gazette

Editor Mark Slade **Deputy Editor** Martin Sadler **News Editor** Aman Coonar **Sub Editors** Caroline Hyzler, Suni Perera, James Ritchie **Staff Photographer** Ron Simon **Sports Correspondent** Andy Williams **Book Reviews** Jemma Dobson **Physiotherapy** Diana Innocenti **Nursing** Denis Cobell **Office Manager** Margaret Flanders.

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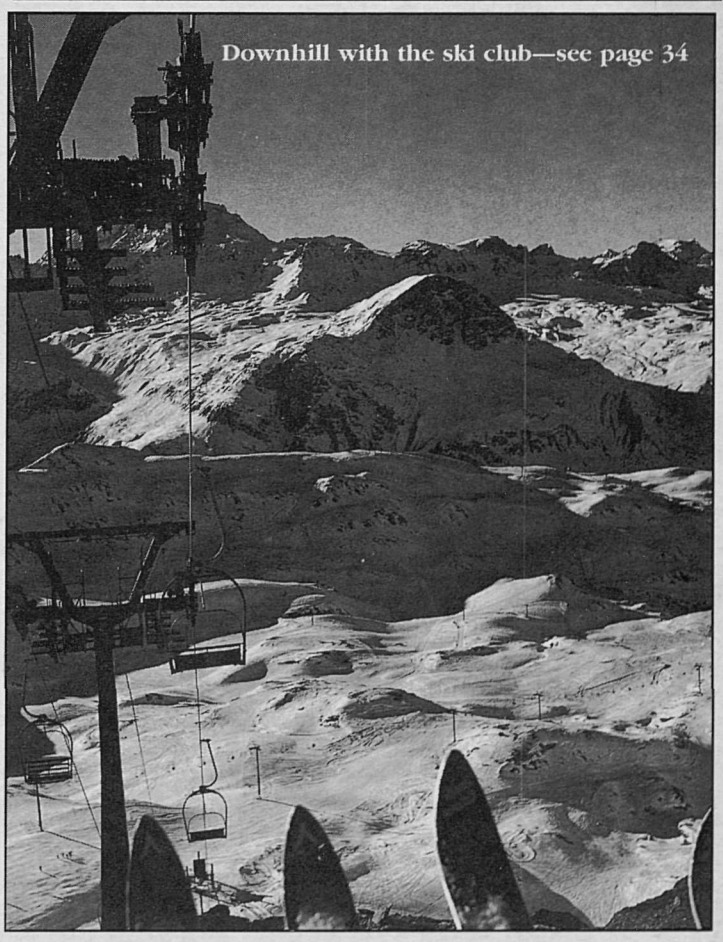
Passim

It occurred to the deputy editor the other day that all of us spend time at peripheral hospitals during our courses, and that often these placements are chosen either at random, or on the basis of not very comprehensive information gleaned from fellow students. Accordingly, the editors would like to feature in a forthcoming *Gazette* a review of all the peripheral hospitals in the UMDS stable, featuring such important qualities as accessibility, friendliness, educational value, proximity of good pubs, and so on. In order to help us compile the necessary information it would be of great help if our readers could let us have their opinions of any peripheral attachments which made a particular impression—good or bad. We hope that our readers will find a review of this sort useful in picking hospitals in future.

Another move to try to make the *Gazette* more useful to its readers is the inclusion with this month's *Gazette* of a questionnaire, asking you how you think that the *Gazette* coverage might be improved. Do please complete it and return it to us, particularly if you now live and work away from Guy's. It will be a great help in trying to plan future articles. A box will be available in Boland House for Guy's-based readers, while others should please post their replies to the *Gazette* office.

A final plea. Do please write in if you have any views on the change to the *Gazette* format. To date we have received only two opinions, one of which is reproduced in this month's letters, but the change to A4 must presumably have incited more disgust/interest/satisfaction than this. Let us know.



Downhill with the ski club—see page 34

Typeset and Printed by Hobbs the Printers of Southampton

GAZETTE LETTERS

The Big Gaz

Dear Sir

The new format of the Gazette is to journalism what junk food is to gastronomy.

No doubt catering for the mindless world of disc jockeys, pop stars, unknown celebrities and the gutter press, it can only be a matter of time before we have topless nurses on page 3.

Is there no dignity left in this world?

Yours faithfully

G A WATKINS
9 Devonshire Place
Eastbourne
Sussex BN21 4AQ

Interested nurses are invited to contact me at the Gazette office—Ed.

Coat confusion

I am becoming increasingly confused with the appearance of more short white coats in the hospital.

Having been told that this was due to the influx of St Thomas's medical students, I eagerly approached the wearer of one of these short coats and asked her out to dinner. You can imagine my surprise when I got her home to find out that she was not in fact a female medical student, but a 6ft 4ins male porter!

Could we please have the porters at Guy's and the medical students from St Thomas's tattooed on their foreheads with their respective identities to avoid further confusion?

Yours faithfully

THOMAS ALBINO-COATES
Boland House

AIDS error

Dear Sir

Without wishing to detract from the honour of Guy's of a grant to establish a centre for the study of the oral manifestations of AIDS (*Guy's Gazette*, December 1989) I feel I must point out that Mark Slade is incorrect in stating that the only comparable centre is in San Francisco.

In 1988 the Dutch research fund for preventive medicine made a grant to the department of oral surgery of this hospital to set up a clinic to study oral manifestations of AIDS.

To date some 150 patients have been seen and the work of the clinic on oral candidosis in AIDS was cited in a leading article in the *Lancet* (23/30 Dec. '89; vol.II: 1491).

There remains much to be learned about oral manifestations in AIDS and all good wishes to this new unit at Guy's, but it is *not* the only comparable centre outside San Francisco.

Yours faithfully

PROF DR D M MACLAREN
Academisch Ziekenhuis
Vrije Universiteit
Postbus 7057
1007 MB Amsterdam

Nursing reunion

Dear Sir

May I through the courtesy of your columns announce the 25th Anniversary Reunion of the October '65 Set?

If any of your readers began their nursing training at Guy's on 6 October 1965, we would very much like to hear from them. We plan to meet at Guy's on Saturday 6 October 1990 for a lunch time buffet. The Reunion organiser is Pam Horseman (née Bond), Old House Farm, Rocky Lane, Haywards Heath, West Sussex, RH16 4RW.

Yours faithfully

DENISE HEALD (née Boncey)
'Waytes'
High Street
ODIHAM

A fan writes

Dear Sir

The *Gazette* continues to be a great source of interest and enjoyment to me, and you should be congratulated on including a large variety of articles related to the Hospital, including sports, politics and scientific subjects. The December 1989 issue is a very good example of this, and I was particularly interested to read about Guy's in wartime, because it was during this period I was a student living in Sophie's hostel.

I must admit the formation of UMDS bothers me, as it probably does the majority of Guy's men and women of my generation, because of the possibility of losing identity and independence.

Again, I want to express my appreciation for a first-class journal, which I know takes a great deal of work and effort to put together, and I look forward to receiving it every month, although because of distance and tardiness of mail, it sometimes arrives two or three months late.

Yours faithfully

ROBERT G WALTON MD
Clinical Professor of
Dermatology
1400 Florida Avenue
Suite 210
Modesto, Ca 95350

Gazette sports photo competition

The front cover shows the winning entry in the Gazette sports photo competition, in which Guy's clubs were invited to submit photos depiciting members engaged in typical club activities. This photo, of the Guy's eight before the start of the Boston Marathon last year, was chosen as the winner by Dr R K Knight, who kindly agreed to judge the competition. A £50 prize will be sent to the Boat Club.

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GAZETTE NEWS

Boland House facelift

The medical school is considering proposals to refurbish Boland House, to improve the facilities for students and residents. Among the changes are an extension of the bar to occupy all of what are now the snooker, games machine, music and disco equipment rooms, and the conversion of the ballroom to a games room and a new *Gazette* office. At the same time the Upper Spit, or dining room, is to be let as a commercial wine bar and restaurant. To make the atmosphere slightly more tolerable in the enlarged but still subterranean bar, the ceilings are to be raised by about three feet, while the foyer on the ground floor will also be improved.

The £250,000 facelift is necessary to comply with fire regulations, which would require fire escapes for the ballroom if it continued to be used as at present. External fire escapes are themselves prohibited because Boland House, believe it or not, is a listed building.

Staff vote

In February staff at Guy's voted overwhelmingly against opting out. The ballot, organised by opposition group Hands Off Guy's, showed that 90.5% of those who voted at Guy's were against opting out, as were 90.2% of those who voted at Lewisham, Sydenham and Hither Green. The result was marred by a low turnout of only 30%.

OAP Protest at Guy's

Pensioners, concerned about the proposed NHS changes, have recently protested at Guy's. The protest took place outside the district general manager's office, where the Lewisham Pensioners Forum presented a 4,000-signature petition calling for a rejection of self-governing proposals for Guy's. A selected group was able to voice its concerns to Prof Elaine Murphy, the district general manager.

A spokesman said 'we want the service to be a service, and not run like a grocery business'.

Judicial review

The NHS Support Group for Judicial Review was unsuccessful in its attempt to sue the Health Secretary Kenneth Clarke. Led by Professor Harry Keen of Guy's, it sought to prove that the government had acted beyond its powers in preparing the NHS for the implementation of White Paper proposals before they were law.

After the judgement, a still optimistic Professor Keen spoke to the *Gazette* and expressed his regret that, 'even though thousands of NHS consultants and staff had pledged support, the secretary of state still saw fit to ride over that collective expert opinion on how the NHS should be run'.

Weather damage

Last month's bad weather has led the South East Thames regional health authority, of which Guy's is a part, to ask the department of health for special funding for repairs. This could exceed £3 million.

Nuffield wing

United Medical Enterprises, claiming to be 'the British health care specialists', have just released their glossy Nuffield wing brochure. The aim is for it to be 'a profitable venture'. It is hoped that about £1 million a year will go towards Guy's for the development of NHS services.

Guy's facilities rapped

Psychiatric facilities at Guy's have been criticized as 'demeaning', 'extremely cramped', and 'bare' in a report by the Health Advisory Service. District general manager, Prof Elaine Murphy has been asked to ensure as a 'matter of urgency' that facilities in New Guy's House and the York Clinic are given 'absolute priority'. The report cited patients having to use commodes rather than toilets, windows not cleaned for two years, and balconies meshed in with wire giving a sense of imprisonment.

Dental Travelling Scholarship

This scholarship has a value of £1,000 and is awarded every year to the holder of a registrable dental qualification obtained after following the course in the Dental School at Guy's Hospital, to enable him or her to study at one or more Dental Schools abroad which are approved by the Dental Academic Committee.

In order that applications for the travelling scholarships may be considered by the Dental Academic Committee in sufficient time to enable the successful candidates to make arrangements for travel, etc, it is necessary for all applications for travelling scholarships for 1990 to be received by the Dean of the dental school by Friday 6 April 1990.

The Dean of the dental school would be pleased to discuss the matter with anyone who is interested.

Islamic Society

The organisers of the Islamic Society wish to apologise to those who came to the first Islamic Society talk on 'Should Religion be the Law of a Land?' only to find the speaker had been unable to turn up. All was not lost, however, as the next speaker was able to give his thoughts on what should lead one to believe in the existence of God.

These meetings are open to anyone, and it is nice when there are those with different opinions since it is these circumstances that stimulate lively discussions. For next term, there are three speakers lined up, who will talk about women in Islam, science and religion, and the economic system according to Islam. Further details will be announced next term.

By the time this issue comes out, the Arabic month of Ramadan—the month of fasting—will be with us yet again. Due to the Easter holidays, though, there will be no Jum'a prayers at Guy's or St Thomas's for four weeks from 19 March. Normal service will be resumed from 16 April.

FFH

UMEG

The United Medical Ethics Group held its third meeting entitled 'Sexual Preference: the limits of acceptability'. Three varied presentations were followed by an interesting debate and a well-attended reception. Average audiences now exceed 110, and consist of people in many branches of hospital and outside life. The next meeting is on 13 March at 6 pm, at St Thomas's Hospital in the Nash Lecture Theatre and is entitled, 'The Dying Patient: is terminal care adequate?' Everybody is welcome.

Rag weeks

St Thomas's—from Monday 23 April
Guy's—from Monday 30 April

Graduation presentations

UMDS will hold a presentation ceremony and reception for students qualifying in medicine or obtaining a BSc degree this summer. It will be held on the afternoon of 4 July in Southwark Cathedral. Individual students are permitted two guests, and will be contacted shortly.

Marathon

The Guy's kidney patients' association is looking for runners with a place in the London marathon who are willing to donate sponsorship money. Those interested should contact Mr G P Brownie, Flat 4, 54 Capers Cope Rd, Beckenham, Kent BR3 1NP. Telephone 01-650-7105

One Small Step

The Hit Squad is back! Yes, the second week of May sees the return of that time of year when you have to be nice to your friends and eat in the Tower, or else take your chances in the Spit.

Charities' Week and its accompanying mayhem is looming again. This year's fund-raising is in aid of the 'One Small Step' Appeal. One Small Step was founded by Prof Brian Neville, formerly a consultant paediatric neurologist at the Newcomen Centre in Guy's, who is now based at Great Ormond Street. It aims to raise money for the establishment of a revolutionary movement laboratory at Guy's for the treatment of children with cerebral palsy.

The treatment, termed movement analysis, was pioneered at Newington Children's Hospital in Connecticut and involves the analysis of the walking of people with movement disorders, in terms of the electrical activity of muscles and the forces exerted during movement, using a complex computerised technique. The results can then be used by skilled physiotherapists, surgeons and neurologists to determine the best course of treatment for the individual.

It is intended that the laboratory will be satellite-linked with its US counterpart, to enable true international consultancy.

In order to build the laboratory, the Appeal needs to raise one million pounds and Guy's charities week committee hopes to raise a substantial amount towards this. To do this, we need your help, not just with donations but also with support of the many events going on throughout the week.

This may well be the last year Guy's has its own Charities Week so let's try and raise more money than ever before and go out on a high note.

Claire Jones

RPS medical group

The medical group of the Royal Photographic Society will be displaying their annual exhibition in the reading room of the Gordon Museum from the 6 April 1990.

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GAZETTE NEWS

Newspaper launch

NAMS, the national association of medical students, will this spring launch its paper *NAMS News*. This self-proclaimed 'voice of British medical students' covers issues in medical politics, student problems such as fees and feature articles, as well as a useful book review section.

Gazette readers' questionnaire

A questionnaire is being sent to all our readers with this issue of the *Gazette*. It seeks your opinion on the current content and scope of the *Gazette*, and the Editor hopes to use the information received from returned questionnaires to improve the appeal and relevance of the journal. Please return completed questionnaires as soon as possible to the Editor at the *Gazette* office.

Ball news

The Snowflake Ball was marred by 'unacceptable behaviour' which involved the throwing of food, knives and crockery, students vomiting, and breaking banqueting tables. The Cumberland Hotel has, as a result, decided to refuse bookings from students of any sort, thus falling into line with many other London hotels.

Phase III approved

£100m expansion schemes for Guy's and Lewisham have been approved by the regional health authority. These cover the proposed phase III development at Guy's, and a phase II at Lewisham, bringing together the maternity and child health services into one unit.

Thomas Guy Club

The squash court is due to be demolished this winter, and no alternative facility has been built on the Guy's site. Currently discussions are taking place with local clubs to see if some use may be made of their squash courts until squash facilities are re-provided on site.

On a more optimistic note the club hopes to open a fitness centre in the basement gym, Shepherd's House in the spring of 1990. The centre will have up-to-date resistance and aerobic training equipment with the back up of fitness testing and individual exercise programmes.

Newland Pedley Travelling Scholarship

This scholarship will be awarded to the holder of a registrable dental qualification obtained after following the course in the dental school at Guy's Hospital to enable him or her to undertake postgraduate dental study at one or more dental schools or colleges abroad approved by the Dental Academic Committee. The value of the scholarship will be up to £5,000 and the actual amount of the award will depend upon whether the holder of the scholarship proposes to spend a period at an institute in Europe or Scandinavia or whether the time will be spent in Canada or the United States. The holder of the scholarship may be required to undertake teaching duties in this school for the academic year following that in which the scholarship is held.

Dental course

The University of London has approved the extension of the BDS course to five years. This commences in October 1990.

407 Art Club Student exhibition

Reviewed by our art correspondent, with captions by Remy Chevalier

It was a great pleasure to see at long last an exhibition of work by undergraduates at Guy's. This was the first all-student show for 20 years and it suggested that interest and talent have always been present but have lain dormant. It has required the persuasion and organizational effort of somebody like Clare Walford to make it happen. It took place on 15–20 January in the studio, Hunt's House.

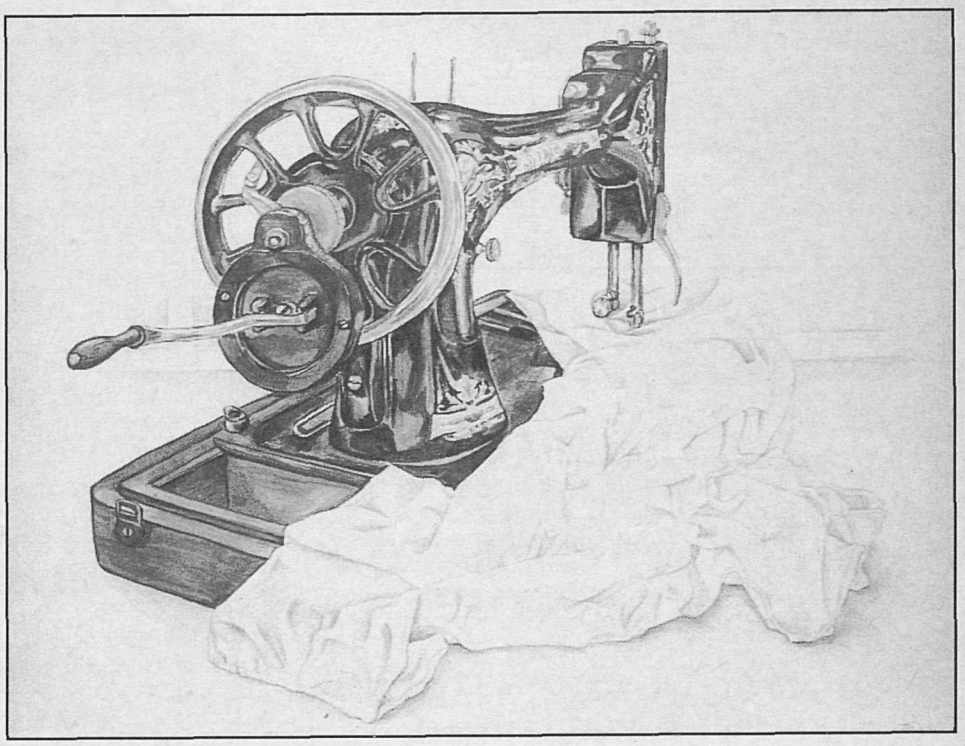
There were many styles, sizes and materials facing the visitor. On entrance was a gay swirl of colour entitled *Wood* by Justine Woodcock. *The Sewing Machine* was a dexterous piece of draughtsmanship coloured realistically and contrasting with the two out-of-doors scenes and the drawing of a hurdler which comprised the remainder of Ms Woodcock's work.

Gordan Kooiman exhibited two fine pencil drawings, one of portrait of character and the other of a dhow sailor. Alongside were a series of fine, mainly anatomical drawings by Julian Speight. These demonstrated a good eye for the human figure and a delicate touch with pencil.

The work of Kae Bennetts attracted a good deal of comment. Pictures such as *The Wash* and *A Crowd* were sombre and enigmatic. Vigorous use of pastel and poster colours characterised all her work which was brighter and more engaging in *The Trumpet* (actually a French horn I think) and *The Pineapple*.

Ink drawings of a frog and a statue of what I took to be Rameses II at Abu Simbel were very professional. These were the work of Adam Clapp. His drawing of a car introduced some colour and once again illustrated his skill at drawing.

The guiding light of the exhibition, Clare Walford, displayed a large oil, *Deckchairs*. Her view of the garden of her home, as seen from the interior, used more subdued colouring but was equally effective. These two paintings were complemented by a pencil drawing of a gollywog executed with warmth and humour (*should we tell the RSPCG?—Ed*).

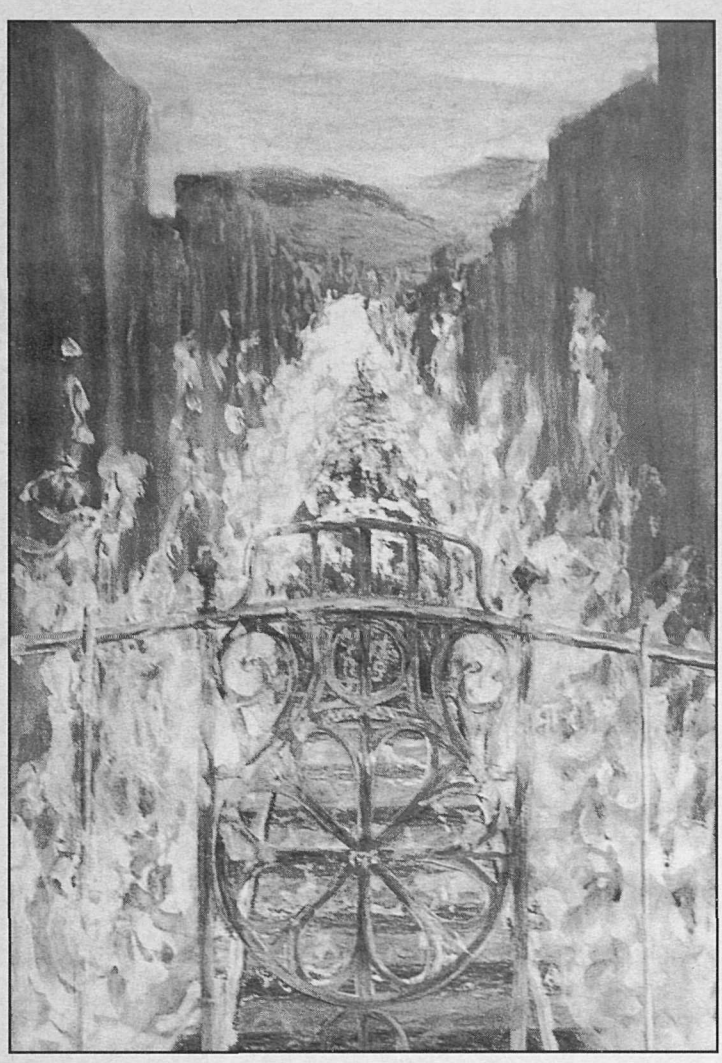


The Sewing Machine by Justine Woodcock. (*Photo*: Ron Simon)

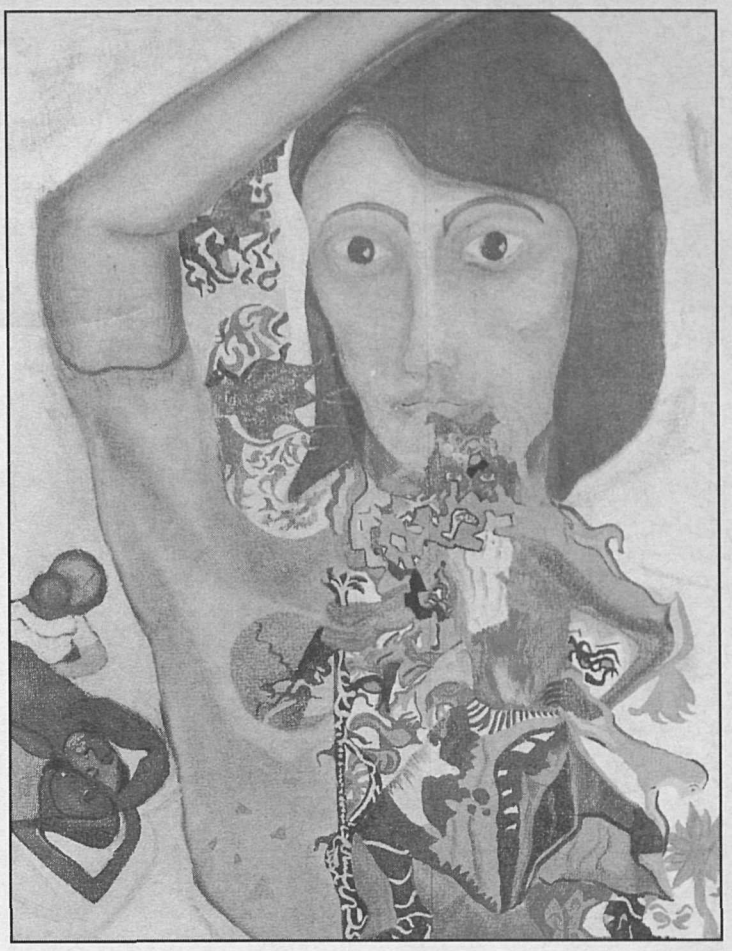
There were three pictures by Alison Currie, each one distinctive. An ink drawing of flowers suggested the fine tracing of lace. A picture entitled Bubbles revealed some of the same image of block tracery but on a bright yellow background. Her other work was more prosaic but no less romantic, portraying a tropical beach at sunset.

There were two paintings by Glen Karananayake. They were brightly coloured and conveyed a mystery which startled some observers. The use of human figures on a chaotic background evoked both puzzlement and delight. These pictures were certainly a contrast to the recognizably derivative *Street Scene* by Graham Smith. There was something of Lowry in this picture but also a good deal that was Graham Smith.

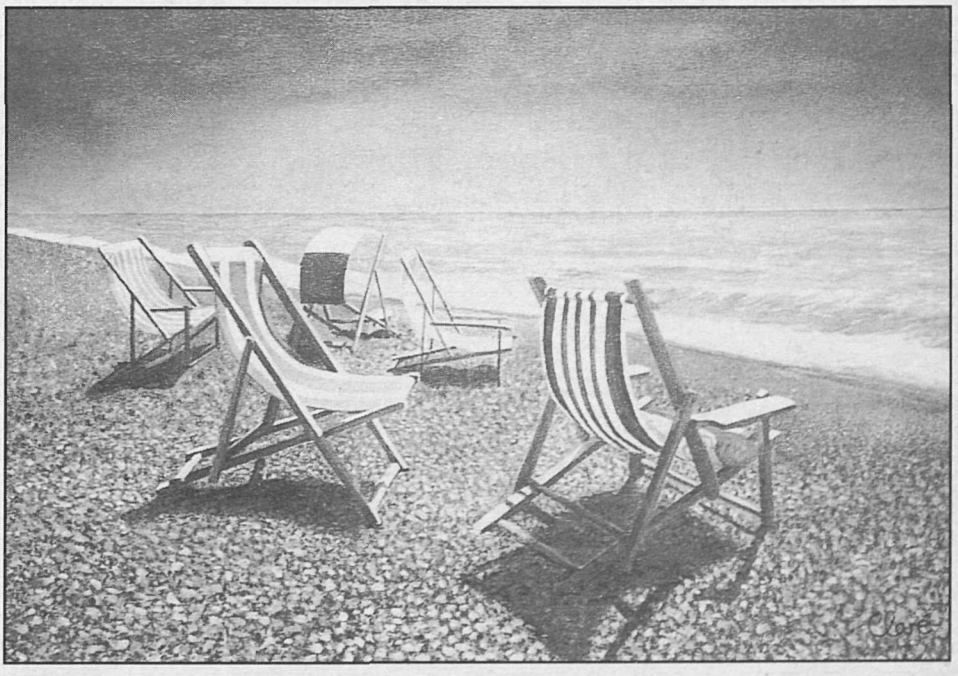
The next 407 Art club exhibition will be in April or May. Students and others wishing to take part should contact Clare Walford, Boland House or Dr T Gibson, Department of Rheumatology Ext 4310.



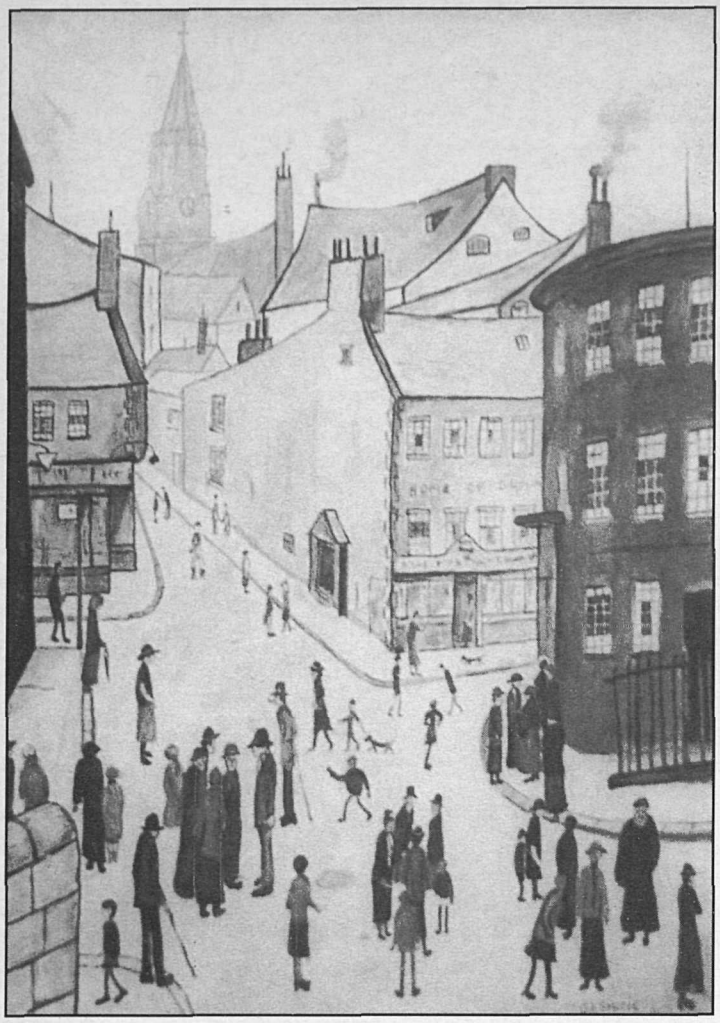
The Wash by Kae Bennetts (*Photo*: Ron Simon) There was a grey overcast scene of a train, surrounded by steep walls and viewed through ornate railings, which left me somewhat perplexed. Was it 'the train to Pergatory' or could it have been 'the train parting the Red Sea, viewed through a bedstead'?



Figures by Glen Karananayake (*Photo*: Tara Marks). This colourful and original portrayal was in oil.



Deckchairs by Clare Walford (*Photo*: Ron Simon). Clare Walford's oil paintings, by contrast, were more like computer graphics, possessed of precise object delineation. This was exemplified in Deckchairs, a large oil on canvas, depicting a charming seaside scene in which wind had ballooned the polychromatic chair cloth with an unnatural symmetry. The finished product was technically impressive.



The Frog by Adam Clapp (*Photo*: Ron Simon)

Street Scene by Graham Smith (*Photo*: Ron Simon). Graham Smith's watercolour was neither colourful nor original, but it was nonetheless a well-executed homage to the work of Lowry.

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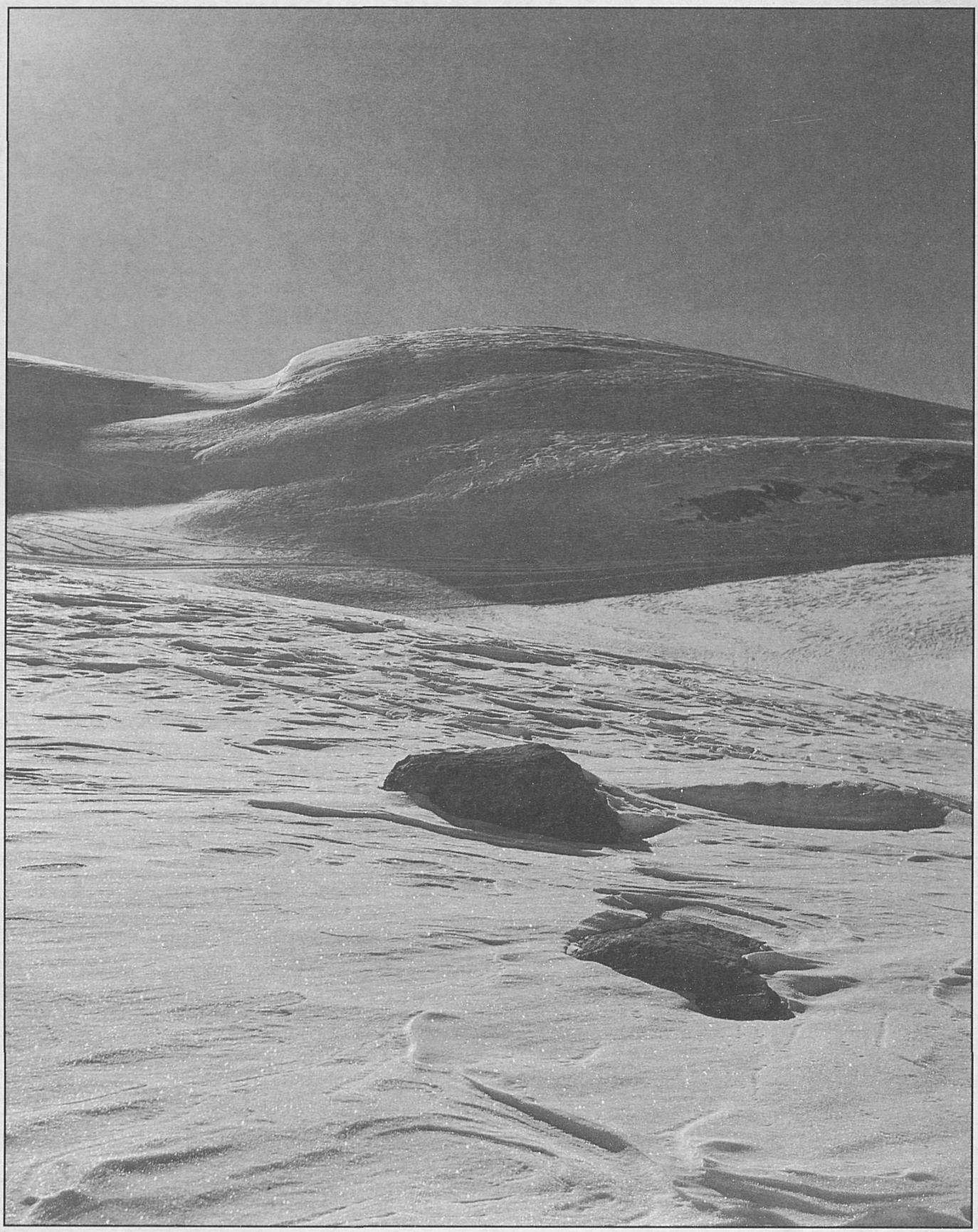
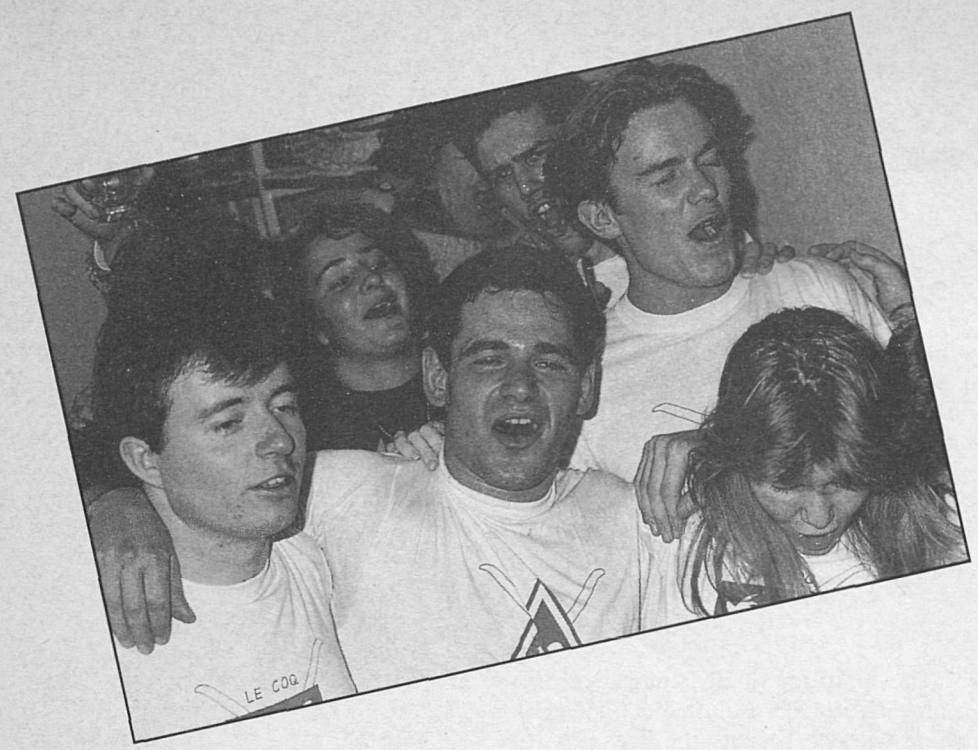
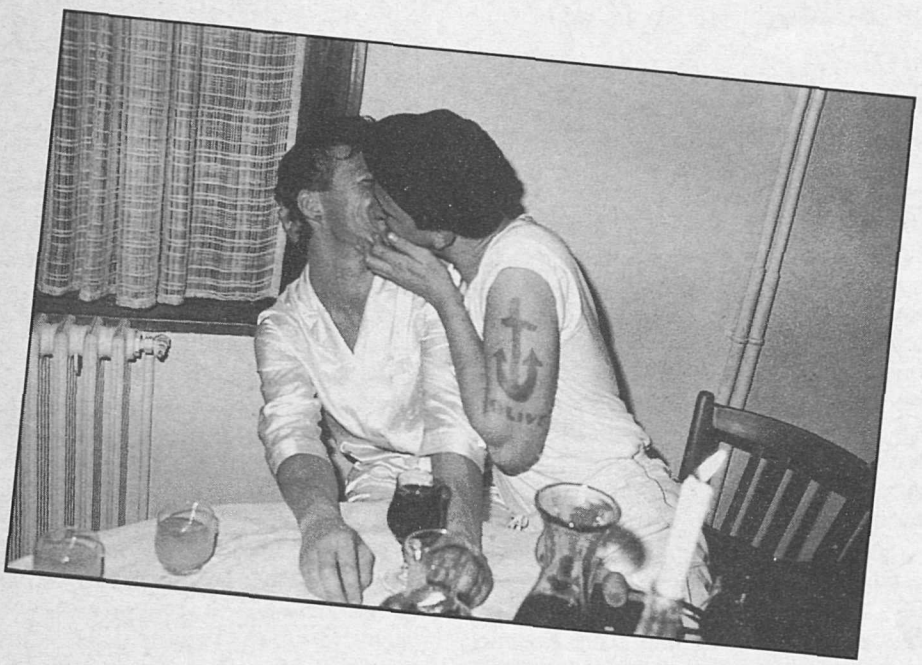
Le coq sans tete ski tour 1990







The ethos behind this ski trip was to make 67 medics, dentists, and their friends as headless as possible while on an eight day skiing holiday in Tignes.

Our role model—or should I say figure-headless—was Mr Jamie 'the Headless Chicken' Barwell, and his partner in crime Mr Simon Bunting.

Every night provided a different shock for the management of La Foret, who had rather foolishly put their fragile mountain retreat at our disposal. A fancy dress night was no exception to the normal run of things.

On our first night the chalet began to realize that thinking up amusing diversions for our apres skei was not actually necessary. We had brought our own—in the shape of Jamie (another one), who is a Firkin pianist. Jamie carries an amazing repertoire of old favourite tunes in his head, and provided the music making for many an evening's singalong. Compulsory uniform on the first and every subsequent night was the coq sans tete tee shirt, kindly provided by the organizers. The penalty incurred for failure to conform to this recommended dress code was too horrible to contemplate.

The last night featured a revue with many tried and trusted sketches. Several hitherto unrecognized talents emerged, including the magnificent mephisto and his gorgeous assistante Zelda. I still don't know how the amazing disappearing ice trick works.

As for the skiing, well that was fantastic too, but unfortunately our tight-fisted editor wouldn't let me publish any more photographs, so you'll have to take this assurance on trust.

JC

(Top) Headless leads the singing with his usual gusto.
(Middle) A romantic candlelit dinner for two. Popeye discovers aphrodisiac spinach.
(Bottom) Simon proves that you don't have to drink wine to be entertaining at parties.

An Afternoon Delight

Dr Lindsay Smith dallies in the Wills Library

The afternoon began with a simple task, to read the original letter by JB West concerning infantile spasms, in the *Lancet* of 1841. It was to prove a long afternoon.

After digesting the most sad but enlightening account of infantile spasms, my eye was caught by piece after piece. A lecture on dermatology by Erasmus Wilson describing a patient with probable Waardenburg syndrome. A paper by a Mr W Henderson from Perth, describing the application of leeches with a home made proctoscope, to relieve benign prostatic enlargement with remarkable results, allowing the marriage of the patient.

Then my eye lit upon the following pieces.

Lancet **February 27 1841 Page 808**
Abuses in Guy's Hospital and School

Several complaints have reached us from students of the above hospital, of irregularity in the visits of the physicians and surgeons and of the lecturers in the school. With regard to the latter one correspondent observes—'It so happened, with Mr Key's lecture, last night, there being no message sent to say he could not attend, until the time had arrived for its commencement. I think it far from right that we should be so trifled with, having paid dearly for the instructions now so irregularly given us'. If these complaints be true, what can the treasurer, Mr Harrison, be thinking of to permit such negligent proceedings? We know that he is a rigid disciplinarian and as such deserves credit. If the physicians and surgeons be too much engaged in 'taking fees of patients' to perform their public duties, the sooner they give up their appointment the better; there are many who would willingly undertake them, and perform the required duties as effectually perhaps, and certainly with more diligence than the officers in question.

The 'paid for dearly' tuition did not come cheap. Perusal of the *Guy's Hospital Gazette* reveals the fees for the 1839–1840 year, 150 years ago, were as follows:

Dr Bright and Dr Addison: physician's pupils for 18 months £15 15 0

Rev F D Maurice: Moral philosophy *free*

Sir Astley Cooper: surgeon's pupil 6 months £20, 21 months £26. Surgeon's dresser for 12 months £51 2 0.

It maybe of interest that the fees in the *Lancet* of 1840–1841 for Guy's are torn out of the Will's Library copy, but the London Hospital for the same period charged in guineas, a sure sign of superior something or other. The fees were 20 guineas for 12 months surgical tuition with 10 guineas for 18 months of physician training.

Scandal was no stranger to the Guy's establishment as reported in the *Lancet* of 4 Nov 1840 page 325.

Describing his quandary as to the correct procedure a student James Clark Larren sought advice from the editors. Regarding a Sunday ward round with Mr B Cooper, 'As is usual, on Sunday, there were very few students present; but all who were there had their hats off except me'. Mr Cooper turned and said 'Sir, if you cannot show proper respect to your superiors, I desire that you will leave the room'.

The editors were as helpful as one would expect. 'The custom observed in the hospital should be followed by all the students. Much greater grievances exist in Guy's Hospital than such as that of being required to walk uncovered in the wards'.

Mr Cooper's friends were quick to rally to his support as reported in the letters of 11 Nov page 359. 'There is no student at Guy's called J C Larren and Mr Cooper did not attend the Hospital that Sunday in question.' A student wrote that Mr Cooper asks students to replace their hats when they remove them.

One wonders who was writing and what the much greater grievances in Guy's of Nov 1840, really were. Perhaps George Wilhelm Hegel was correct when he said: 'What experience and history teach us is this—that people and governments never have learned anything from history, nor acted upon it.'

Sir Astley Cooper was mentioned in the text of the infantile spasms letter and he also featured prominently in the *Lancet* of 1841.

***Lancet* 6 Feb 1841 p710**

We regret to have to announce the severe indisposition of Sir Astley Cooper, which is assuming a dropsical tendency. He is attended by Dr Chambers and Dr Bright.

The following week:

We regret to announce that this disinguished member of our profession has been gradually getting worse during the past week. He is labouring under hydrothorax, and has been unable for many days to assume the recumbent position. But faint hopes are entertained of his recovery.

And the inevitable followed next week:

It is with inexpressible regret that we have to record the death of the most eminent of modern British surgeons, Sir Astley Cooper; of one, whose distinctions were the merited reward of industry, perseverance, knowledge, and the constant exercise of kindliness and amenity of disposition.

Some highlights from his obituary make illuminating reading. Sir Astley was born on 23 Aug 1768 and was propelled into medicine it is said when he saw a boy suffering from severe haemorrhage in consequence of a wound to his femoral artery. He applied a handkerchief. He was apprenticed to Mr Turner at the age of 15, and at 16

he went to London to work under his uncle Mr William Cooper. He married at 23, at 24 went to Paris, met Dupuytren and received the Legion of Honour from the Duke of Orleans. He was made an Honorary of the National Institute of France, a Baronet at the age of 54 and Sergeant-Surgeon to George the Fourth at the age of 56.

He also 'amassed an immense fortune by his own practice. During one year his fees are said to have amounted to £21,000'. A not inconsiderable sum of money even now let alone 165 years ago.

He directed that his post mortem report be published in the *Guy's Hospital Gazette* where it resides on the top shelf near all the multiple choice questions for all to peruse. There is a fascinating account of his life-long truss, the use of a cork to keep his umbilical hernia in place and a rather long but inconclusive post mortem report.

But be warned, the most simple delve into such history can lead to an afternoon of delight.

►Lindsay Smith is a registrar in the Department of paediatrics.

Wig and Pen

Early in December a party of nurses from Guy's attended an interesting one day course entitled 'Nursing and the Law'. The speaker from the South East Thames Regional Health Authority's legal department opened the day by commenting that lawyers, doctors and nurses all gained their daily bread from the misfortunes suffered by their clients or patients.

Apart from this, nurses hope that they may offer little employment to a lawyer. But there were many eye-openers, warning nurses how near they may often have sailed to the wind, and that the courts becken their activities. Most nurses have, thankfully, never been charged with negligence; this is not to say they have not committed errors.

On the matter of drug errors, although prescriptions are written by doctors, it is the duty of the administering nurse to ensure that it is the correct drug and the appropriate dose. If these are wrong, the nurse must challenge the prescriber. If the nurse follows the prescription to the letter, when it is wrong, then he or she will be guilty of legally defined negligence.

Patients in the community or hospital invariably sue the health authority, and although the authority may accept liability in most instances, this is not to deny that an individual nurse may be deemed culpable and liable. This enhances nurses' necessity for their own legal protection by bodies offering such indemnity.

On the subject of record keeping the speaker was even more emphatic about the need for accuracy. A common cause for legal action may ensue when a patient has 'fallen out of bed'. Now, for a nurse to write in a patient's records that he had 'fallen out of bed' needs careful consideration. On how many occasions do nurses actually *see* a patient fall out of bed? Surely, if this is the case, then there is good reason to suppose the fall could have been prevented. Most commonly, a nurse will arrive after the event, find the patient on the floor, and can only assume from the scene that a fall from bed had taken place. In other words, the patient is in a position consistent with having fallen from bed. This is what should be recorded. Only events actually observed can be reported as such.

'On how many occasions do nurses actually see *a patient fall out of bed?'*

Confidentiality is a difficult area. There is a trend towards patients reading their own records, but this is not a legal right in hospital, at present. More dangerous, is the leaving of documents so that visitors and others without authority may read them: any problem arising from this may leave the nurse in an indefensible position. Police also have no right to know details about any patient without their permission.

A common problem for all nurses is shortage of staff: this is not a defence against negligence in law, and once a patient has been accepted into care the nurses responsible must ensure that adequate care is provided. This means proper staffing levels, and if this is not possible, then patients should not be admitted.

It is unfortunate that only a small number of nurses were able to be present at this important discussion about their professional care. At one time groups of nurses used to attend the Southwark Coroner's Court, which was educational and also provided insight into an area where a nurse may sometimes be called to give evidence. I don't know if they still attend, but there is certainly a continuing need in nurse training to be legally aware.

Litigation on the part of patients has regrettably increased over the years, and is costly to health authorities. With this in mind Guy's has appointed a legal adviser, in the shape of Miss Rea, who is happy to visit wards and departments to discuss and explain legal affairs insofar as they affect nurses' work.

Denis Cobell

Every Body's Health Matters

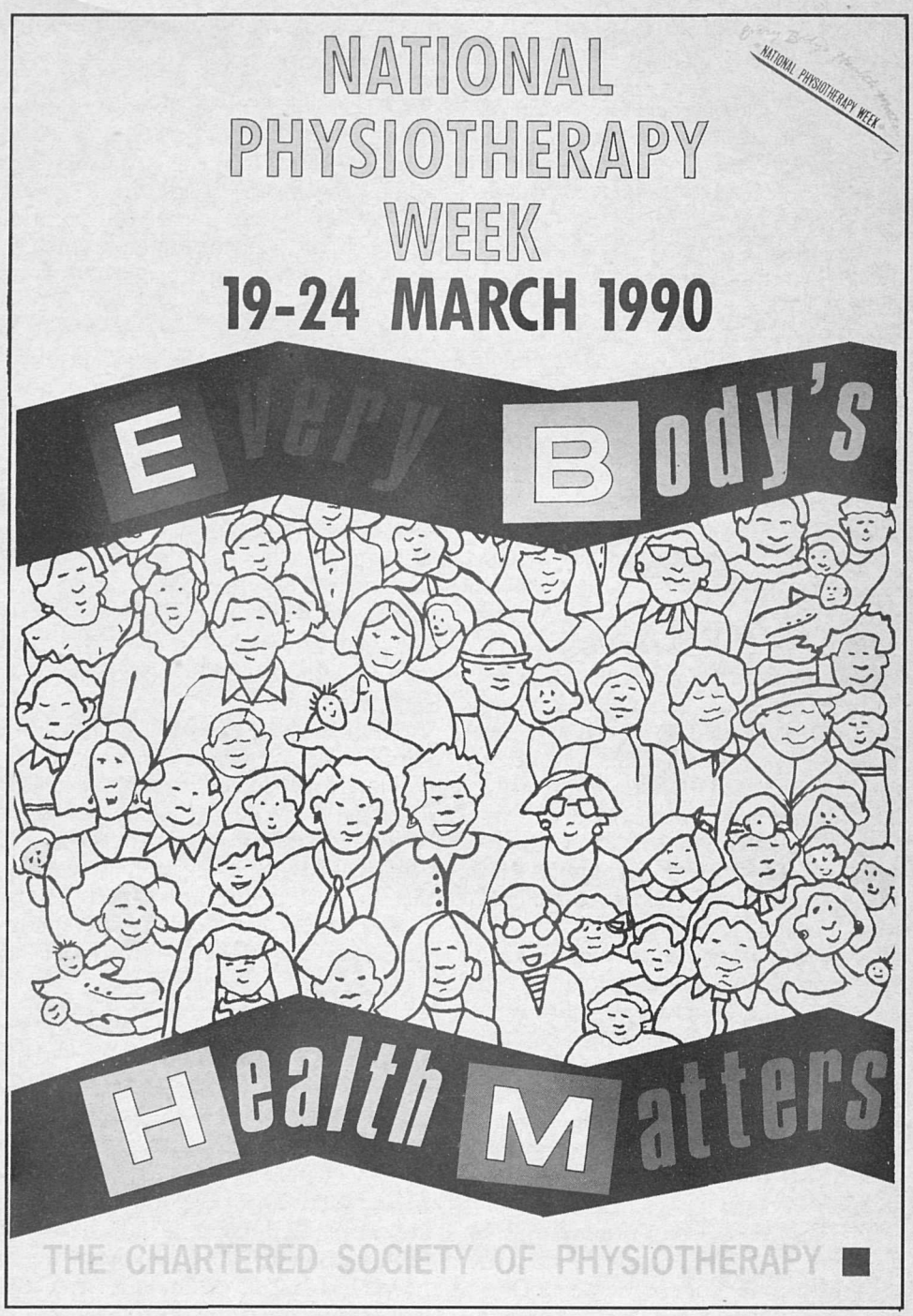
Do you know what the physiotherapists do? They are seen in all sections of Guy's, from the intensive care unit and special care baby unit to the geriatric day hospital and in rehabilitation where they treat people with long term disabilities.

Rehabilitation is a much-misunderstood and misused word. It has short and long term implications. Rehabilitation begins as soon as someone commences medical treatment, whether it be surgery or survival from a stroke. All physiotherapy is rehabilitation of some sort except that which should be called 'habilitation'—when working with children who have been disabled from birth and therefore have not been gifted with something which has subsequently been lost. Health education may be part of the rehabilitation process and be used to prevent further injury or disablement. More physiotherapists are involved primarily in health education in schools and factories as a positive move towards helping to prevent injury.

The chartered society of physiotherapy is backing a national physiotherapy week from 19–24 March. The theme is 'Every Body's Health Matters'. The aim of the week is to raise the profile of the profession, to publicize what physiotherapists can do for patients and how they can help them to help themselves.

Should you come across a manned or un(wo)manned display I hope you will stop, look, and either read or join in conversation with the physiotherapists on the spot. Students and staff will be taking turns in projects around the campus and the environs of Guy's. You are invited to talk to your friendly physiotherapist or visit the outpatient department in Shepherd's House on Thursday 22 March between 2 o'clock and 3 o'clock and the neuro. rehab. service on 3rd floor of Hunts' House either Wednesday 21 March or Friday 23 March between 11 o'clock and midday.

Diana Innocenti



Zaheer Yousef on the Boland House improvements

I must start this month's report with a moan. Students are still not carrying their identification badges, and this is causing great security problems at Hops and Inflams. I urge you again to carry these cards in order to avoid disappointment.

Congratulations are in order for those involved in causing the greatest wind-up this decade. Apparently, an anonymous phone call to the administrative office claimed that the serious crime squad at Scotland Yard wished to interview certain activists within the student body who attended the Snowflake Ball. The admin. office, wildly panicking, contacted Scotland Yard, and every police station in SE1 for further information. The result was numerous man-hours wasted by those involved.

On a more serious note, the committee is reviewing plans for the refurbishment of Boland House. All three floors are being uplifted, and in particular, we are planning major changes in the basement. We will be displaying the plans at a later date, but in the meanwhile if anyone has any suggestions, please contact me.

On the sporting front, the summer festival is scheduled for the beginning of June, so start organising your teams. On a similar theme, well done to the UMDS rugby club which has managed to gain a place in the final of the Gutteridge Cup.

Finally, we are pleased to announce that two of our medical students, Paul Frisby, and Andrew Ustianowski have earned a place in a university quiz game due to be broadcast on satellite television. A satellite dish is being purchased so that we can support our knowledgeable colleagues in the comfort of Boland House.

William Gover

Bill Gover was educated at Dulwich College. In 1913 he went up to Balliol where he gained an exhibition in Classics. He went on to study medicine. At the beginning of the war medical students were instructed by Lord Kitchener to continue with their studies and join up when they qualifed. He went to Guy's in 1915 and qualified BM BS Oxon in 1917 after a shortened course. He enlisted in June 1918 and was appointed Temporary Surgeon Lieutenant RN to HMS Fearless until September 1919. He never experienced any naval engagements but had a grand-stand view of the surrender of the German fleet and wrote an article for the *Guy's Gazette* detailing this.

He entered general practice in Hastings in 1919. In 1926 he was appointed assistant physician to the Royal East Sussex Hospital, Hastings. In 1935 he obtained his MA DM Oxon and he began the cardiology clinic in 1936. He later became senior physician and cardiologist to the Hastings and St Leonards group of hospitals. At that time many of the physicians were part-time and he continued in part-time general practice.

The war interrupted his career but his medical experience benefited as he was appointed medical specialist in the RAMC to the 100th general hospital in North Algeria and, later, to the 45th in Italy. He was acting lieutenant colonel when he was demobilised to return to his practice in St Leonards and to the Royal East Sussex Hospital where he continued until his retirement from the NHS in 1958. However, he remained in full-time general practice until he had to retire at the age of 79 to look after his wife, Olive. They had married in 1921 when Olive was a sister at the Royal East Sussex Hospital and remained very happily married until her death in 1975.

Bill's interests were numerous. He retained his knowledge of Classics sufficiently to read the Bible in Greek—he had an immense faith although he was rather a heretic and wrote his own interpretation of the Christian faith. He always remained very fit by walking far and fast and this enabled him to enjoy one of his outdoor interests of natural history. Sea fishing and open boat sailing were his other outdoor activities but when he was 80 he found his semicircular canals less tolerant to the motion of the sea and he became an armchair sailor.

He had therefore a medical career which spanned 55 years, sharing the privilege of consulting and general practice. This gave him a view from both sides of the bed and his wise counsel was sought by his colleagues long after he retired from the NHS.

He started the cardiology clinic in Hastings and was one of the first doctors in the country to have a 'portable' electrocardiograph which he used until 1959. In fact it weighed well over half a hundredweight, together with the accumulator battery, and this was probably the cause of the only ill health he ever knew before he was 90—a prolapsed lumbar disc.

He retained a keen interest in medicine up to the time of his last illness, and even discussed the implications of his own ECG, which showed an infarct and heart block, with his general practitioner son only three hours before he died in Crawley Hospital aged 96.

REVIEWS

Essential Surgery. Problems, diagnosis and management. H G Burkitt, C R C Quick, D Gatt. Churchill Livingstone. 771 pp. Softcover. £24.95.

This large text of 36 chapters has instant student appeal: loads of diagrams, numerous tables of key items highlighted on a pink background and a text which is broken up into small, clearly labelled paragraphs. This is the book that Burkitt (of *Functional Histology* fame) wished he'd had as a student, so he co-wrote it when he was an SHO, no doubt hoping that other students shared the same desires in the text book field.

The first four chapters outline the principles of surgery, covering wound healing, infections and describing suture materials and the function of all the machines that go beep in theatre. The remainder of the book describes symptoms, diagnosis and management of diseases encountered in general and urological surgery. A problem solving, rather than disease oriented approach is used and chapters 6 and 7 detail diagnostic algorithms stemming from the common abdominal presentations much beloved of a surgeon. The pathophysiology and epidemiology of various disorders are included to make it easier to understand the why of surgical disease along with the when, where and to whom. All of the common surgical operations are described in enough detail to enable an account to be given to an inquisitive patient. The book concludes with chapters on pre and post-operative management of patients.

MJS

Pathophysiology of Gastrointestinal Diseases. Edited S Chopra and R J May. Little, Brown and Co. 628 pp. Paperback. Price not given.

This is one of a series of textbooks devoted to pathophysiology and if the others are as good as this, they will be a remarkable achievement. The main problem with multiauthor books is inconsistency from one chapter to another but this volume has avoided that pitfall. Perhaps the fact that all the authors are from one city, Boston, has helped. The title of the book is misleading, however, for it contains far more than pathophysiology. For example, the chapter on inflammatory bowel disease is 25 pages in length (23 if one ignores the study questions and references) but only two pages are given to the pathophysiology of ulcerative colitis and Crohn's disease. The rest of the chapter deals with the clinical picture, diagnosis, complications and therapy of disorders. In other words, this is a textbook of gastroenterology with a pathophysiological bias, and none the worse for that. This proportion does not hold for the entire book. Perhaps predictably, in the section dealing with jaundice, the pattern is reversed, with most of the chapter being taken up by a clear exposition of the biochemical events leading up to jaundice, using disease states such as Crigler-Najjar and Dubin-Johnson only for illustration.

The text is up to date and supported by core references up to 1987 with a few from 1988. These have a predictably transatlantic flavour but several of the best European references are also included. The excellent study questions (MCQ) at the end of each chapter vary in number (e.g. alcoholic liver disease 1, viral hepatitis 5) and quality but would be suitable for senior clinical students or at MRCP level. The book is sparing in its use of photographs, presumably in an attempt to reduce the costs but has useful line drawings. The text is in single broad columns, using an easily read typeface and is liberally supplied with sub-headings to aid digestion. The spelling is American and there are a number of 'typos' as is usual in a first edition, but the standard of sub-editing is generally good. I have already found this book useful for teaching and am grateful to have it on my shelves, but who is it for? It contains more information than is necessary for undergraduates but this need not necessarily be a disadvantage. Many people find it easier to read a larger book in which arguments are clear and therefore memorable than to use a condensed, lecture-notes style of volume which requires feats of memory rather than true understanding. The benefit of the latter type of book tends to be more short-lived. If a student is not too impecunious I would warmly recommend this book, therefore, but I would issue one word of warning. Although it can be forced into a Guy's white coat pocket if the stitching is not too old, it is not really a 'pocket book'. It should on no account be placed anywhere near one of the junior doctors in Guy's who may be studying for Membership because the book is pitched at exactly the right level for that exam and the temptation might prove to great.

Mark Wilkinson

Aids to Physiology 2nd Edition. T. Scratcherd. Churchill Livingstone. £9.50.

This is a compact textbook, intended for revision purposes. It is written in a lecture-notes style, which is clear and concise, outlining essential points without going into great detail. For this reason it is recommended by the author (and considered essential by the reviewer) that the book be used as an aid to memory after a more detailed study of the subject matter in a larger text book.

The author has therefore constructed the text under headings which correspond to those in *Textbook of Physiology (BDS)*, by Emslie-Smith, Patterson, Read and (not surprisingly), Scratcherd. *Aids to Physiology* covers all aspects of the preclinical course in physiology, although in a format different to that employed by lectures at UMDS. For this reason, it is sometimes necessary to flick through the book to cover all parts of a certain topic. For example, the endocrine section covers the major endocrine glands and hypothalomus and their secretions, but certain hormones are discussed elsewhere under headings such as 'Control of metabolism' or 'water, electrolyte and acid-base' balance, making the ability to cross-reference an essential skill

A major criticism of the textbook is its lack of illustrations—diagrams are scarce and often absent where most needed.

On the whole, however, the format of the book is excellent, with information very easy to find, thanks to an excellent index and contents, and it would be invaluable to anyone who tends to get over involved in detail in a lecture and misses the main point.

CJ

Boat Club

Forthcoming events:
Saturday 17 March — Kingston HORR
Saturday 24 March — Men's HORR
Saturday 31 March — Oxford vs Cambridge boat race (tickets to watch the race and finish from our boat house will be available nearer the time).
Wednesday–Friday 9–11 May—United Hospitals Bumps
Monday 14 May—GHBC annual dinner
Wed–Sat 4–7 July—Henley Royal Regatta.

AW

Football Club

The last game of the winter term matched Guy's with last season's champions Imperial College. It was our most important match to date, with IC heading the table and Guy's in second place. Unfortunately not many of the team had attended the previous night's Hop, so that we had a nervous and uncharacteristically healthy start.

A breakthrough came after about 15 minutes. Paul Hendricks, with the sort of natural vision that would make Oscar Goldman's bank manager weep, saw the IC keeper off his line.

After some concentrated pressure, an IC corner ended in a simple far-post tap-in, to level the score.

The second half was closely contested but ended in deadlock. A 1–1 draw was a satisfactory result for both teams, and leaves the league wide open for the spring term.

Guy's 1st XI 2 New College XI 1

Freshly hung-over from the previous night's frivolities at the Hop, Guy's 1st XI encroached into New College territory, memories of last season's 1–0 win still vaguely present in the minds of some of the players. The sky was dark, the air still and the pleasant chirping of a lark in the distance could be heard—but nothing would stop the 'intense concentration' of the players—they knew what had to be done!

With a makeshift side (sadly missing Andy Mead who was tanning his derrière on some Kenyan beach) and a rearranged back four, Guy's knew they had a hard task before them. The ref's whistle blew and the fight was on. The constant battling of our sturdy forwards lead to an early penalty for Guy's. All eyes worriedly looked to Hendricks who by this time was cowering away—his memories of his penalty miss against Goldsmiths still playing on his conscience. Wide-boy McDonagh took on the awesome task and coolly hit the back of the net with devastating finesse. Guy's, now on a high, played exciting football and eventually early in the second half bore the fruits of their hard earned labour with an outstanding goal by Masani. Sadly, after playing so well to gain a 2–0 advantage, Guy's decided to sit back and allow New College back into the game. It was left to the 'skill and agility' of Guy's 'fish-like' keeper, Naterwalla, to deny New College a goal with an outstanding save with his feet. Unfortunately, even his efforts were unable to prevent New College from scoring an easy near-post tap-in, 15 minutes from time. Guy's managed to hold on to gain a well-earned 2–1 victory, much to the dismay of a bewildered New College side.

Guy's 1st XI Cricket Fixtures 1990

April	W 25	Kings College CC	(H)	2.30 pm
	Sa 28	Clinical vs PreClinical	(H)	2.00 pm
	Su 29	Mixed social game	(H)	2.00 pm
May	W 2	Goldsmiths College CC	(A)	2.30 pm
	Sa 5	Royal Free CC	(H)	2.00 pm
	Su 6	Temple Sheen CC	(H)	2.00 pm
	W 9	London Hospital CC	(H)	2.30 pm
	Sa 12	Carnegie CC	(H)	2.00 pm
	Su 13	Wye College CC	(H)	2.00 pm
	W 16	Stoics CC	(H)	2.00 pm
	Sa 19	Old Citizens CC	(H)	2.00 pm
	Su 20	St Mary's CC	(A)	2.00 pm
	W 23	Barts CC	(H)	2.00 pm
	Sa 26	St Georges CC	(H)	2.00 pm
	Su 27	Dulwich Wanderers CC	(H)	2.00 pm
	W 30	CXWMS CC	(H)	2.30 pm
June	Sa 2	SOAS CC	(H)	2.00 pm
	Su 3			
	W 6	St. Thomas' CC	(H)	2.30 pm
	Sa 9	Summer Festival		
	Su 10	Brixton West Indians CC	(H)	2.00 pm
	W 13	UCH/Middlesex CC	(H)	2.30 pm
	Sa 16	Old Lambethians CC	(H)	2.00 pm
	Su 17	Rowan CC	(H)	2.00 pm
	W 20	Royal Holloway College CC	(H)	2.30 pm
	Sa 23	Past vs Present	(H)	2.30 pm
	Su 24			
	W 27			
	Sa 30	Crofton Park CC	(H)	2.00 pm
July	Su 1	Gray's Inn CC	(H)	2.00 pm
	W 6			
	Sa 7	Dental Staff vs Students	(H)	2.00 pm

UH and UL matches are to be arranged.

J Hare

Nets this year will be at the Elephant and Castle Sports Centre on Saturday afternoons from 2.30–5 pm, running into the summer term. Anyone interested in playing to whatever standard is welcome, please contact either myself or Henry Taylor.

J Hare

Guy's 1st XI v University College

Having given Middx/UCH a damn good thrashing (8–2) the previous Wednesday we returned to HOP for the clash against UC in high spirits; gin to be exact. The afternoon could not have started any worse, for in the euphoria of the last game, a slight administrative balls-up had resulted in there being a distinct lack of a referee. The secretary whose responsibility it was to arrange the aforementioned official was justifiably excommunicated by the team and sent to Coventry at left back!

The consequence of this event was that we had to 'struggle' with 9 men and Neville for the duration of the game. Had it not been for the bountiful generosity of Gautom to step in to the referee's shoes we would undoubtedly have lost. In the true exuberance of Guy's hospital we rose like a phoenix from the ashes of humiliation and gave UC a lesson in the ABC of university football: Arrogance, Belligerance and Class. The concluding scoreline of 2–1 to Guy's was a victory over all the odds and was appropriately celebrated by the capacity crowd mobbing the captain A Mead and insisting on expressing their affection in the most intimate way.

T Kite

Rugby Club

Guy's 3rd XV vs University College

HOP 9 December Won 48–0

The absence of a 1st XV game meant that Jim Lewis was spoiled for choice. This mismatch was not diminished by a decision to play the second half with only 14 men. Still, it was not a complete walkover.

Jamie Barwell nobly agreed to act as referee and as Guy's pressed the College from the kick-off he used his whistle with compassion. The back row of Cameron, Llewellyn and Ryan contested and won repeated mauls near the opposition line. The first score was not long in coming. A second followed within minutes, both being converted by Steve Lewis. Despite overwhelming superiority the Guy's players at times looked inept. Dropped and delayed passes removed the gloss from some promising moves. By half time, Guy's were in the unaccustomed position of a 28–0 lead.

In the second half, University College played bravely. Their determined tackling and occasional forays combined with a measure of indifference on Guy's part limited the scoring. Bevan scored three tries, Selman one, Neil-Dwyer one, Ryan one, Llewellyn one and Uncle Tom Cobley several more. The result was a foregone conclusion.

Team: C Howell, T Gibson, D Zangouras, A Slade, J Conchie, M Cameron, G Ryan, R Llewellyn, J Hawker, S Lewis, E Hughes, G Selman, S Foley, C Beardmore, J Neil-Dwyer, G Bevan.
Ref: J Barwell

Dorking 3rd vs Guy's 3rd

The Saturday morning 'sorry I can't make it but,' excuses reached new heights this week: 'I've got to stay in while the police are fingerprinting the house', 'My wife's having a baby and it was my mother's birthday last week'!! This week's winner was, 'I've got an urgent renal transplant to do and I couldn't talk him out of it'!

One of our most distant and well-respected opposition this season, fifteen players took on the opposition on a muddy pitch with sharp flintstones scattered around, so they told us afterwards!!

Clad in 'newish' thirds kit we ran the mile and a half to the pitch, won the toss and lost the first half! The first half saw Dorking lose nine lineouts in a row from some great packwork especially by Dassos, Tony Rose and Craig Tallman. However an opposition lightening-quick flanker (or breaking the off side rule regularly) (the latter?!) prevented our backs doing justice.

The second half saw the might of Guy's running downhill at the tired Dorking pack, to overcome the 10 point loss in the first half, a few minutes later a corner try by Nigel Chiropodist set us on our way, Steady Eddy the kicker, with the wind behind him, displayed yet more magnificent close-to-the-posts kicking.

In the only and well overdue penalty from a spirited ref, Terry Gibson took a quick penalty and passed out to Jamie Conchie who flattened some opposition and scored our second try. No need to recount where Ed the Kickers conversion attempt went!

After a very good second half the whistle came too soon in what was an excellent game 10–8.

Thanks to Charlie Pugh for stepping in at the last moment. After the game he said to me, 'I think I'm a better prop than a flanker'. I decided not to argue with him!

Team: C Howell, T Gibson, D Assos, T Rose, G Welsby, J Lewis, J Conchie, C Pugh, T Lindop, E Hughes, P Scanlon, P Price, J ND, PD, N Chiropodist.

Jim Lewis
IIIrd XV Captain

Guy's 3rd vs Streatham-Croydon

Purley 6 January 1990
Lost: Something to Nothing

At about 12.30 Jim Lewis bore a countenance characteristic of generations of Guy's 3rd XV captains. It was doleful yet optimistic in that unrealistic manner that junior captains nurture in the belief that something will turn up. There was another hour and a half to kick-off, a journey of six miles through throngs of Croydon shoppers and only nine men.

Two senior players arrived at the desolate changing room. The Streatham captain was not best pleased to hear that Guy's Rugby Club had gone skiing more or less *en masse*. He ranted and refused to consider a game against nine opponents. The Hospital gentlemen retreated to their car and considered whether there was more grass on the slopes of the Alps or on the Purley moors.

Jim, still bearing himself with equanimity came to some arrangement by which Guy's acquired players from the opposition, a talented 4th XV and from a passing bus. Thirteen chaps in blue and yellow confronted fourteen. Jim, with shrewd foresight decided to play uphill and into the wind and rain. In theory, a side with students could better endure adversity for the first half. No point in allowing an older opposition to rest easy in the second.

Purley mud has a curious gelatinous quality. Whether or not this is associ-

ated with the hundreds of dogs which are walked on the common can only be surmised. The Streatham players kindly put up the posts and corner flags and removed them without complaint when the referee decided to play on the next pitch.

At the kick-off the ball rolled near to the Guy's line. A scramble was followed by a clearing kick that found touch. From the line out the Streatham backs received the ball passed and scored. Their kicker converted from near the touchline and within minutes the Guy's players were transfixed by a sense of déja vu. The recurrent spectacle of Streatham scoring from the same movement began to acquire a surreal quality. Not that the intrepid thirteen were daunted. After all, these were more or less Guy's men.

'Now let's show them' said Jim, still buoyant as the team turned, the rain at their backs. Some of the older players yearned for a hot bath as tired muscles pulled heavy boots from the mud. Still, for young and old, the second half was more encouraging. Twice the 3rds approached the Streatham line and twice they dropped the ball. The Streatham players refused to sink to their knees in abjection and exhaustion. Jim's plan had gone awry. The Guy's players contrived to struggle, now with the elements. They cursed the extra helpings of Xmas pudding, the generous attentions of the previous night's girlfriend and the curry that preceded or followed.

Guy's did not win. They lost, exclaiming 'if only' and 'wait until' and all smiling. The opposition were dismayed by such good humour. Was it relief or perversity?

Team: C Howell, T Gibson, D Zangouras, J Conchie, A Slade, S Russel, J Lewis (Capt), P Cunnington, P Rosell, J Neil Dwyer

Hockey action from a recent Hospitals' cup match.

Guy's 3rd XV v Southampton Medical School 2ND XV

HOP 20 January Won 34–0

The Southampton players arrived *en route* for Twickenham. Undergraduate skills are never at their best on a Saturday morning and so it was a pleasant surprise for the 3rd XV to be encountering a full side before 11 o'clock. Regrettably Guy's 2nd XV did their best to confirm the widely held notion about student sides on a Saturday morning. In an act of generosity, Jim Lewis donated Guy Slater to what would have otherwise been Guy's RFC second twelve.

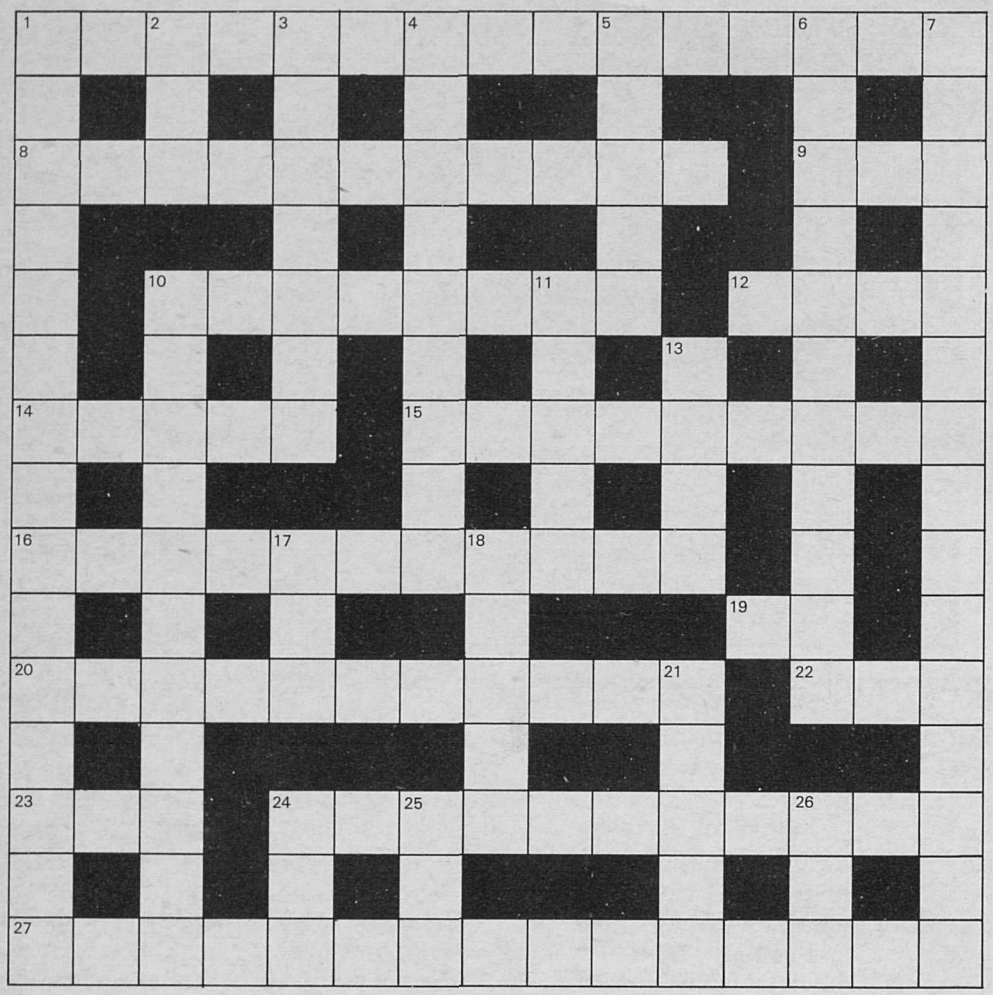
With only 14 men but with an impressive, experienced and grisly pack of forwards, the Guy's side played excellent winning rugby. In the first minutes the home team was penned by some vigorous running. Good clearing kicks by Ed Hughes allowed Guy's to move up the touchline. Repeated possession from the pack and some chilling rolling mauls involving the awesome Popplewell, Zangouras and Howell eventually encroached near enough to allow Conchie to score. Much of the work fell to the forwards but with increasing confidence and on this occasion with no good reason to repeatedly leave the field, Scanlan provided Hughes with space and good passes, enough to prompt the backs. Some good running by the fresher Perry gave Guy's a second try. Honours for the third went to Lewis who forged over from a maul.

At half time, Southampton introduced several substitutes in what was generally regarded as the spirit of the game. A threat to 'break their legs' by one of the grisly eight was regarded by referee and players as hyperbolic playfulness.

Despite these reinforcements, Southampton's situation worsened as Guy's played more openly, running and passing with enterprise and skill, conspicuous if only for the time of day; it appears that some students spend Saturday morning in bed. More strenuous effort by Popplewell, Slade and Zangouras provided lots of ball and scores followed from Smith, Conchie, Howell, Neil-Dwyer and Zangouras. Mark Lewis another able fresher converted one of these after several near misses by Hughes.

It was a comfortable win achieved with only 14 players. The game was played in a good spirit helped by the discerning eye of James Thallon, another fresher who gives willingly of his time both as player and official.

Team: D Zangouras, T Gibson, C Howell, A Slade, M Popplewell, J Lewis, J Conchie, P Scanlan, E Hughes, R Perry, N Smith, N White, J Neil-Dwyer, M Lewis.



by Fris

Across

1 Replacement player dropped at use of an alternative insulation (12,3)
8,10 Measure of flux in highest tax on air we breathe (11,4,4)
9 Medico-legal jargon for 'smashed' (1.1.1)
10 see 8.
12 Man's seed get about quietly (4)
14 Eastern skeletal wood (5)
15 Gram stained den of alien taxi in reverse (9)
16 Implemented again by a physio. with a sexier creed (2-9)
19 Medical dining room (2)
20 Imparticular Finn cops ice-shower (3-8)
22 Fight, we hear, in the spring (3)
23 Corny sensory organ (3)
24 Differentiations lead to cause of glandular swelling (4,7)
27 'How a doctor may progress' using own Russian egg on omelette (2,1,8,4)

Down

1 One wants bravery possibly about the Queen's birthmarks (10,5)
2 Degree initially gained by bright medical students (1.1.1)
3 — infections might be 20. (7)
4 Microbes bore up inside a North American and one hundred others (9)
5 How American dietician might have his salami (2,3)
6 Beneficial sperm for gardeners! (11)
7 A move over into the garden (15)
10 Could be a normal variation or have a 15 or 20 cause! (11)
11 Parasites leave correct marks. (5)
13, 21 Alopecia disposes to common winter ailment! (4,5)
17 Sixth sense in free speech (1.1.1)
18 One catalogues 'the sickest', we hear. (1,4)
21 See 13.
24 One for minor op's, perhaps. (1.1.1)
25 Monitor begins to act generously. (1.1.1)
26 May be transport mechanism of a 'foreign body'. (1.1.1)

Dental School centenary appeal 1989 (Third list)

The Appeal Committee gratefully acknowledges donations which have been received between 1 May and 31 December 1989.

From Guy's men and women:
Miss A C Ainsley, J D Barker Esq, C D Boxall Esq, A J Bradley Esq, D L Brooke-Jones Esq, D G Carr Esq, A J Chapman Esq, W F Dobson Esq, S W Edworthy Esq, A d'A Fearn Esq, D G Gibbons Esq, N R Hopkinson Esq, J N James Esq, R P Juniper Esq, N J Knott Esq, G Maggs Esq.

From private individuals:
Mrs S Burke, Miss B M Cullity, M B Earls Esq, P J Gibbs Esq 'in memory of C Bulow', M I A Goodbody Esq, E Gosling Esq, Miss J K Gould, R A Heaward Esq, Mrs M B Herbert, Miss N Holmes, L J Hoppe Esq, C R J Lauber Esq, H G W Mewburn Esq, B J Raby Esq, E Y Robinson Esq, Mrs P R Stevenson, Mrs S K Strudwick, J Metcalf Esq, C K Millman Esq, Mrs D L Norgate, M Overington Esq, Professor D C A Picton, V G Rice Esq, D G E Roberts Esq, J R Salter Esq, J F Sharp Esq, H C Stock Esq, P Sykes Esq, Professor R M Watson, Miss A C Webster, E J Whaites Esq, C W Wombwell Esq, P R Wright Esq

From corporate donors:
Hayward Foundation, Johnson Matthey PLC, Tate & Lyle PLC, Trusthouse Forte PLC

Births

WAKEHAM on 15 December 1989 to John and Gretel at Pembury Hospital, a son Max Yabsley, a brother for Ellen and Lotte.

Change of Address

STAFFORD-CLARK, Dr and Mrs D, to 27 Monterey Court, Varndean Drive, Brighton BN1 6RW.

Deaths

MANSBRIDGE, Henry St John, MA, MBBS (1953), MRCPsych, DPM. On 16 December 1989. He is survived by Patricia his wife and daughter Ann.

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APR/MAY 90

GUY'S GAZETTE

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GUY'S HOSPITAL MEDICAL SCHOOL

Sport
Triumph for Guy's football, hockey and squash teams

White Paper
Aman Coonar talks to DGM Elaine Murphy about opt-out concerns

Theatre club
Remy Chevalier meets a singing, man-eating plant while almost sober

NHS Night Out
Dr Bernie Rosen's celebrity party against the NHS bill

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AND
XIIITH TRANSPLANT GAMES

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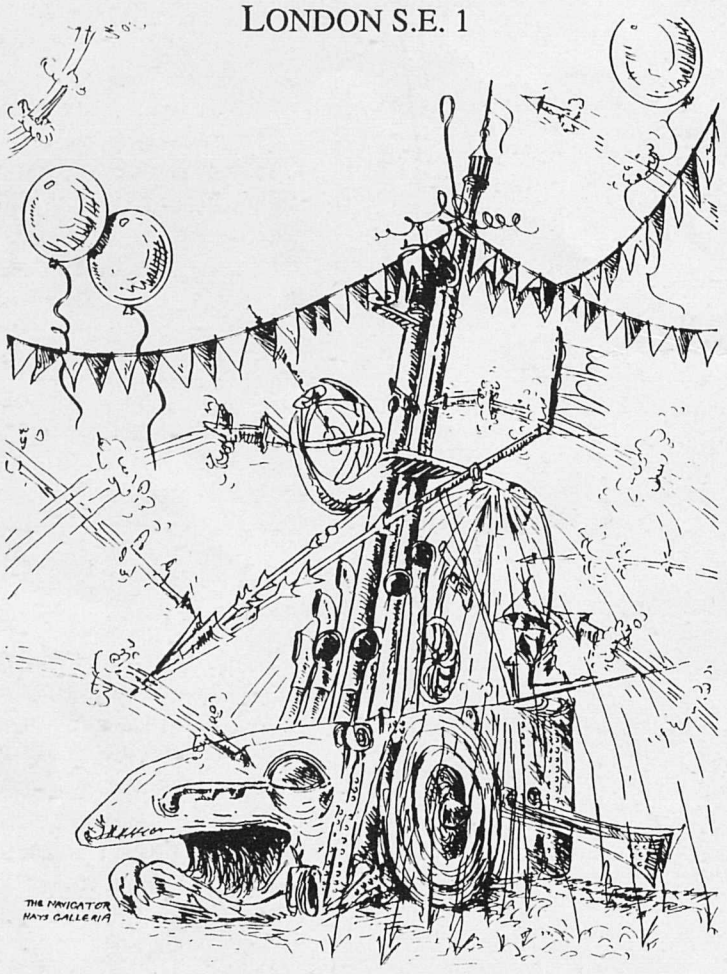

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GUY'S GAZETTE

CONTENTS

45 Passim

46 Letters—Wartime memories. Putting up Guy's people. The new Gazette.

48 News—Hands Off Guy's. Sporting triumphs. Riverside Ball 1990.

52 A Grand Night Out—Dr Bernie Rosen's celebrity party against the NHS bill.

54 Little Shop of Horrors—Remy Chevalier reviews the theatre club's winter production.

57 White Paper concerns—Aman Coonar talks to district general manager Elaine Murphy.

58 Reviews—New neurology and haematology textbooks.

60 Obituaries—Robert Owen and Sister Perkins.

62 Physiotherapy Notes—Diana Innocenti.

63 Nursing Notes—Denis Cobell.

64 Sport—Victory for the hockey, football and squash clubs.

68 Classified—

Guy's Gazette

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Passim

This month's Passim is stimulated—if that is the right word for a document of its type—by a reading of the UMDS draft strategic plan, a book of some 60 pages which expresses the medical school's view of the way forward for UMDS in all aspects of its life.

My eye was drawn first to the section entitled 'Student and other support services'. The section dealt mainly with facilities for students at UMDS, including plans to provide much more accommodation locally, and to enhance 'on-site student amenities', factors which will help UMDS to compete with other universities and medical schools in the school leaver market. It was the section on student health, however, which most intrigued me. Apparently students are more likely to go mad than become physically ill while studying medicine or dentistry, so that the provision of student health facilities should take this into account. Most surprising was the suggestion that students 'who are experiencing [physical and psychological] problems which are interfering with their studies should be encouraged to ask their general practitioner to communicate with their clinical tutor'. It wasn't made clear whether students who wish to query their sign-ups should ask their solicitor to refer the matter to the sub-clinical dean, but surely this is bureaucracy gone mad?

On a more serious note, the plan envisages several interesting changes in the section entitled 'Teaching and learning'. These include a decreased emphasis upon factual learning, which the plan sees as essential if medicine at UMDS is to be an attractive option to school leavers who have followed the new examination structure at secondary level. But almost every medical student feels that the preclinical course is too fact-packed—it remains to be seen what the school will do about it. Interestingly, in a list of educational aims of the course, 'develop a basic understanding of computing' comes above 'develop a caring attitude'.

The desirability of management skills in the medical student is mentioned at several points in the plan, and a management option as an alternative to the third-year intercalated BSc is proposed, as are language courses and the twinning of UMDS with a European medical school. It is planned to introduce academic audit, to monitor the quality of teaching and research, and students will be able to choose which firms they want to be attached to, so that firms will have to 'compete' for students. The *Gazette* does not yet have plans to publish a 'Good Firm Guide', but if any readers would like to make nominations they will be gratefully received.

We hope to take a more detailed look at the strategic plan in a forthcoming issue.

Front cover shows Steve Nallon performing at Bernie Rosen's NHS night out at the Central Hall, Westminster. See page 52 for a full report.

GAZETTE LETTERS

A4 Gazette . . .

Dear Sir

I find the new large size of the *Gazette* more visually appealing, at first glance. However reflecting on my student and houseman days this new format is much less convenient for folding once and placing in a pocket. I should imagine our lady colleagues find the new size less convenient for slipping into their handbags, unless it be one that the late Mrs Vanderbilt gave her name to.

I look forward in the 1990s, with all the less time we shall have (pace Mr K Clark), to receiving the *Gazette* in its old, familiar and more convenient form.

Yours faithfully

R J MUIR
'Redlands'
Hardingham Street
Hingham
Norwich
NR9 4JB

. . . wins few friends . . .

Dear Sir

Your 'few changes' to the *Gazette* are a perfect illustration of the truth of the late Patrick Hutber's Law—improvement means deterioration. Utterly lacking in style, won't fit into the pocket—*can't* we have our charming old *Gazette* back?!

Yours faithfully

DEREK WILKINS
Yew Tree Cottage
Taplands Corner
Soberton
Southampton SO3 1PY

Dear Sir

I came to Guy's sixty-five years ago as a student. Since then the format of the *Gazette* has changed several times but has maintained its quality and dignity.

Perhaps with the formation of the UMDS, another change of format is reasonable and I feel, perhaps, that the new format is in keeping with the times and we must accept it, but to me it cheapens the presentation by leaving an unprofessional and too casual a *Gazette*—and I do not like it.

Yours faithfully

DAVID ERSKINE
10 Belmont Hall Court
Belmont Grove
Lewisham
London
SE13 5DU

Dear Sir

No; this is not the *Gazette* I have known since 1937. I realise when I read about 'UMDS and all that' that it never can be again. Why not follow the advice given by Simon Argles in his last paragraph and look into the future. A new *Gazette* could bring together UMDS—your new format could be the first step. There won't be any more 'Old Guys men and women', so don't cater for us. Let us dwindle gracefully as we sit with our memories in the chimney corner. It was great, but nothing lasts forever.

Yours dodderingly

GERRY SICHEL
41 Summerhayes
Great Linford
Milton Keynes
MK14 5EX

Dear Sir

I see nothing to commend the new format of the *Gazette*. Who wants a larger magazine? My impression is that the actual contents have not increased—only the writing is now larger as are the advertisements. What a waste of paper, never mind the new plastic envelopes. In the 34 years of receiving the *Gazette* by post, it very rarely arrived in a damaged condition.

Yours faithfully

T P PEARCE
25 Caroline Terrace
Belgravia
London
SW1W 8JT

The new Gazette *uses exactly the same amount of paper as the old, and because the type size is slightly* smaller *it contains, on average, slightly more material.—Ed.*

Noted absence

Dear Sir

Whatever happened to 'Dental Notes'?

Yours faithfully

MR GORDON HENRY
Woodhayes
Upperton Road
Eastbourne
E. Sussex BN21 1JR

House guest scheme

Dear Sir

I am wondering if it would be possible for Guys, with or without St Thomas', to organise a system whereby graduates from the medical school could stay in London or a home county for a reasonable price when they visit from abroad?

I have discussed this matter with many graduates from various medical schools. The cost of hotels is totally out of proportion to the quality of accommodation.

Yours faithfully

John Henry Lewis
2940 Seaview Road
Victoria, B.C. V8N 1L1

Big Bang

Dear Sir

With a hand lens one can in fact read the warning notices shown in my photo. No naked lights, welding, or motor vehicles within 20 ft. What price The Health & Safety at Work Act at Guys?

Yours faithfully

G A FOX
Flat 13, Cawle House
9 Maple Rd
Anesley
London
SE20 8HZ

The Blitz

Dear Sir

I have just received my copy of the December 1989 *Gazette*. It may seem to have taken a long time in the post, but then it must be one of the most travelled copies on your mailing list.

The reason for my writing is to query the caption (p427) of your front cover photograph. Surely the building shown was the superintendent's house in the Front Quad, opposite the chapel and on our founder's right side?

I well remember the night that that building burned. I was one of about twenty students who removed, among other things what must be the biggest and heaviest table I have ever known. It was so heavy that we had to slide it down the front steps on its side. I wonder if it is still in use, and if it still bears the scars of that night's event.

I have another and much more grievous memory of that night. I think I was the last person down the magnificent staircase with its collection of portraits on the wall, when the fire chief ordered the building be evacuated. All those portraits were set in immovable frames, and it did not occur to me simply to take a knife and cut the canvas out of the frames. They all perished.

Many things were lost in the Blitz, but memories remain. May I give you one more? Four students sitting round a blanket playing bridge; one, who had not been playing for long, asked 'What is the highest bid I can make?' He was told 7 no trumps, and he promptly bid it. He had been dealt a full hand of 13 spades. He did not make the contract.

I will not embarrass him by giving you his name; I have not seen him for close on 50 years, but enjoyed receiving a letter from him last year.

Yours faithfully

JOHN MUNDEN
440 Tinderbox Road
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Tasmania 7152

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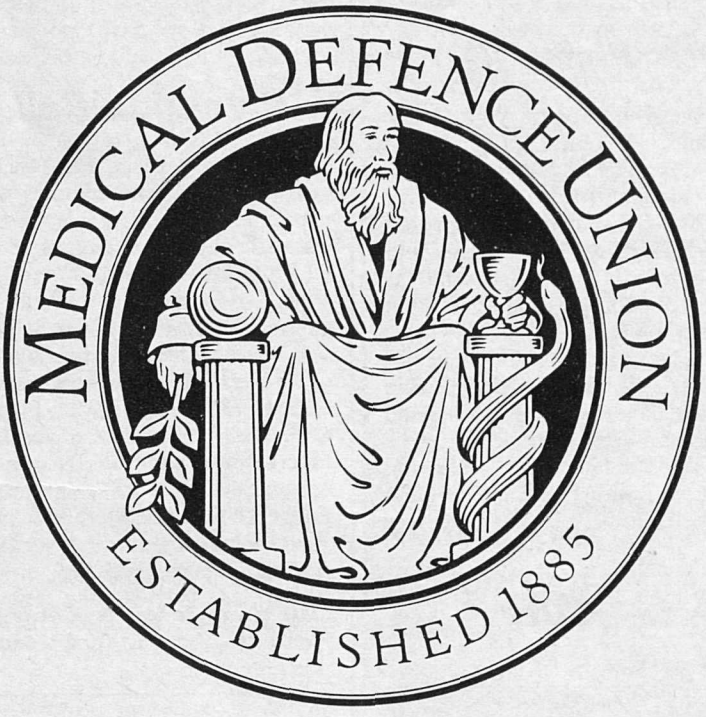

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GAZETTE NEWS

Hands off Guy's

Last month staff at Guy's and her sister hospitals of Lewisham and Hither Green voted 'no' to opting out. The ballot, organised by anti Opt-Out group, 'Hands Off Guy's', attracted about one third of the total NHS staff at these hospitals, and of these about 90% voted against self-governing status. The organisers said that the turnout compared favourably with other similar polls, and was in fact good, given that hospital management had refused to allow ballot papers to be distributed with wage slips, or to provide a list of workers. A similar result was obtained in voting at St Thomas'.

Ballots

There is to be a ballot of consultant staff on the issue of opting out. It has been organised by the medical and dental staff committee. Dr Hugh Saxton, Chairman of the Management Board of Guy's Hospital, according to the *Guardian* said that 'any ballot should be held only among consultants, whose long term prospects were closely linked to Guy's'! Despite his stand, in response to the Hands Off Guy's ballot, and growing pressure to justify planned White Paper changes, Lewisham and North Southwark Health Authority has agreed to hold an official ballot of all staff on the issue of opting out. Dr Raymond Pietroni, a local GP, and senior lecturer at UMDS, is also arranging a ballot of GPs.

Judicial review

The attempt to sue the Health Secretary Kenneth Clarke for acting beyond his powers in implementing changes proposed in the White Paper before they had become law, was unsuccessful. His challengers, led by Professor Harry Keen of Guy's Hospital, nevertheless managed to raise considerable funds by writing to every NHS consultant, and plan to carry on their struggle elsewhere.

Phase III

The main building work for the phase III contract, Philip Harris House, has just started with the demolition of the Thomas Guy Club squash courts. Completion is still many months away, but all efforts are being made to keep pollution and disruption to a minimum.

Museum of London archeologists who are also digging the site, have revealed a full scale Roman dock, complete with its own presumably Roman or proto-Briton (Homo NHSus) skeleton.

Cuts

West Lambeth Health Authority must cut its proposed budget by £8.9 million. This means there will be drastic cuts at St. Thomas's hospital. Plans project that between 3,600 and 4,500 fewer in-patients would be admitted, and that about 30,600 fewer out-patients would be seen, so representing a cut of between 14.8 and 18.3% of the general acute care workload. Unless innovative steps are taken, it seems hard to imagine how this will not adversely affect the education of UMDS students.

Sporting triumphs

Guy's has had an extremely successful time in student sport. Our ladies hockey team has won the University of London cup, beating Imperial College 2–1 in the final, having beaten old rivals St Thomas's 6–3 in the semi final. The ladies squash club (strictly speaking, a UMDS club, although dominated by Guy's people) has won the Hospitals Cup, beating the London in the final 4–1. (A report of the squash club's win was unavailable when the Gazette went to press, but will be published in a forthcoming edition.) Finally, the football club has won the University of London league, needing only a point from their last match against Goldsmiths College to top the table. Sadly, for the hockey and football teams this will be their last season as Guy's teams, though doubtless readers will want to congratulate them on having 'gone out on a high note'. Full details of both the ladies hockey and the football matches are in the sports pages this month.

Riverside Ball

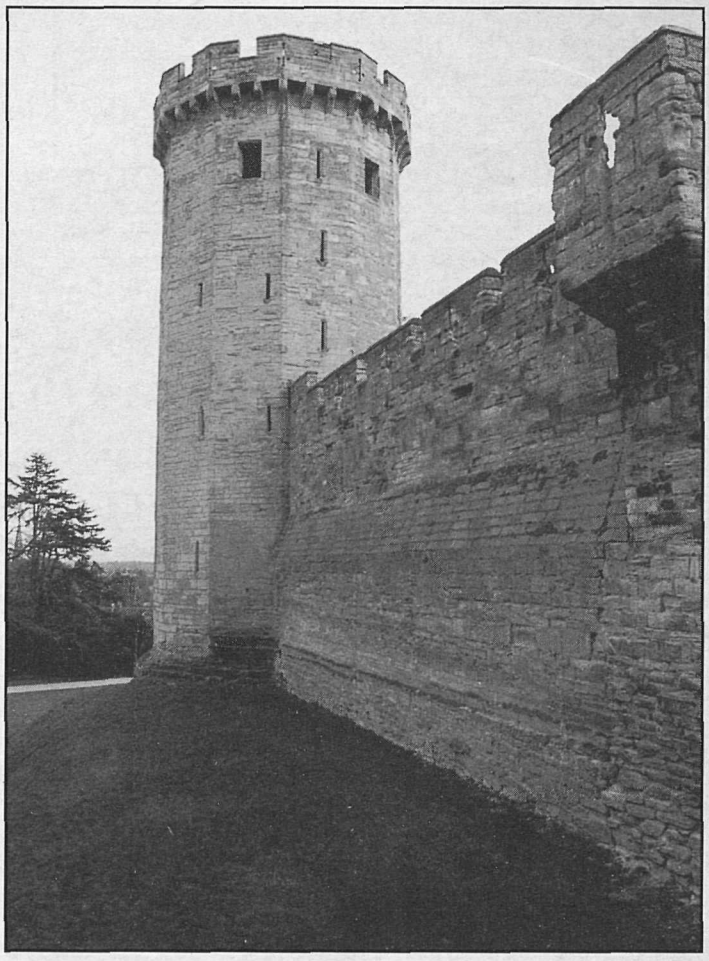
The Braxton Hicks Fund was established in the autumn of 1987 at Guy's to enable us to provide equipment and services for the obstetrics and gynaecology department.

Braxton Hicks is a name synonymous with the best obstetric care. Born in 1823, he was made assistant obstetric physician in 1859, full obstetric physician in 1870 and served Guy's Hospital devotedly until he retired in 1883. It was at Guy's that he made his name and rose to the top of his profession.

Through social and sports events, sponsored activities, such as cycling to Brighton, running up Guy's Tower thirty times and parachuting, and donations and grants from companies and charitable trusts, the Braxton Hicks Fund has been able to raise enough money to buy an advanced, high resolution ultrasound scanner, which has been installed for more than six months. Already the scanner has helped save the lives of several babies who would not have survived had their medical conditions not been detected and corrected prior to birth. This scanner was used to perform the first *in utero* cardiac operation, which was the subject of much media attention at the beginning of March. Such pioneering work can only be achieved with the continuing generosity of all the individuals, charity foundations and companies who have been so willing in their support, in particular Cresvale, a local company who gave us our first donation, and The Dunhill Medical Trust for their very large and generous donation.

Our fundraising cannot cease if we are to continue to carry out the research and developments necessary to give our patients

The photo below is of Guy's Tower—but where is it? A £5 prize will be sent to the sender of the first correct answer received.



the best possible care. The next major event is the Riverside Ball, which will be held on Saturday 23 June in Hay's Galleria on Tooley Street. We have teamed up with the Guy's Renal Transplant Unit, which aims to raise £100,000 towards the British Transplant Games, led by Mr Koffman.

The two previous Riverside Balls were tremendously successful, attended by hundreds of party-goers who enjoyed a champagne reception, a treasure tree with superb prizes, a three course dinner with wine, a spectacular floor show, danced the night away or played at the casino. Fireworks over the river were a spectacular finale to a fabulous evening. The third Riverside Ball is anticipated to be an even more exciting evening. We look forward to seeing you there. Ticket application forms and further information is only a phone call away! Please ring Lindsey Deighton or Fiona Mitchell on 01–955–4387.

M G Chapman

Trafford Memorial

The late Lord Trafford of Falmer, Guy's man, consultant physician and junior Minister of Health is to be commemorated by his colleagues at the Royal Sussex County Hospital in Brighton. His old department will be renamed the Trafford Department of Renal Medicine.

UMEG

The United Medical Ethics Group held its fourth meeting, which was at Guy's on the topic—'The dying patient: is terminal care adequate?'. The well attended meeting drew some widely opposed and heated discussion. Anyone interested in helping to run the group should leave a message for UMEG in Boland House or Thomas's House.

Bicycle anguish

A number of Guy's bicycle owners returned to the car park in front of Boland House on 23 March to find that their cycles had been removed from the railings by members of the works department, who were keen to proceed with the painting of the railings. The bicycles were taken to storage to await reclamation, but the locks had already been destroyed. If anyone is thinking of buying a U-shaped bicycle lock, (at a cost of c.£30), they should be aware of the fact that these can be removed in less than a minute by a determined man with a set of bolt cutters. Is nothing safe any more?

SMEC News

This month SMEC has been working in a number of different areas. On the preclinical course, the reps have arranged meetings with the biochemistry department to discuss student opinion on the lecture and practical course. They have also been working with the statistics department to produce a questionnaire to assess the statistics course. It is hoped that a similar questionnaire can soon be produced on the whole BMS course.

SMEC has also been working with the recently appointed educational advisor, Lesley Millard, discussing how medical students are taught, and what could be done to enhance their learning. The next step forward will be the definition of 'learning objectives' for each department, and hence the definition of a core curriculum. SMEC will be involved in this, working with the education committee.

We are also planning to meet the library committee to discuss the possibility of extending library opening hours. Student concerns about the number of textbooks available will also be voiced.

Two SMEC comment boxes will appear soon, one on each campus, in which we would welcome your comments and suggestions, about the medical course. If you do use the boxes, please leave your name and address.

Dave Maudgill
Chairman

News from The Friends of Guy's Hospital

The Friends of Guy's Hospital, under various names, have been active for almost a century and are now supporting the hospital more than ever at a time when many hospitals are also making their own appeals for funds. In assessing priorities for the competing needs of departments The Friends are guided by the hospital management team, whilst on support for research projects they are guided by the Medical School Research Committee.

Most of the members of The Friends are former patients, anxious to help the hospital which treated them. However, much more money is needed in addition to subscriptions. The Bienniel Fête which will be held in the gounds of the hospital on Thursday 31 May 1990, from 11 am to 3 pm is an important part of The Friends programme of fund raising.

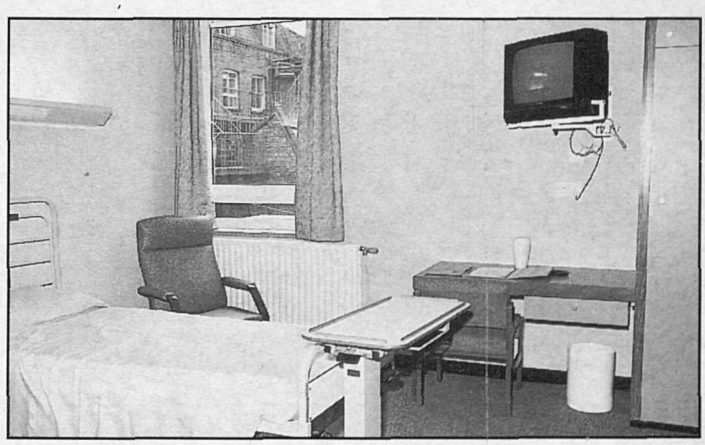
For each Fête a special project is selected to be the beneficiary of the profits. For 1990 it is to be for the intensive care department of the hospital which is to have new equipment for the measurement of cardiac output in critically ill patients.

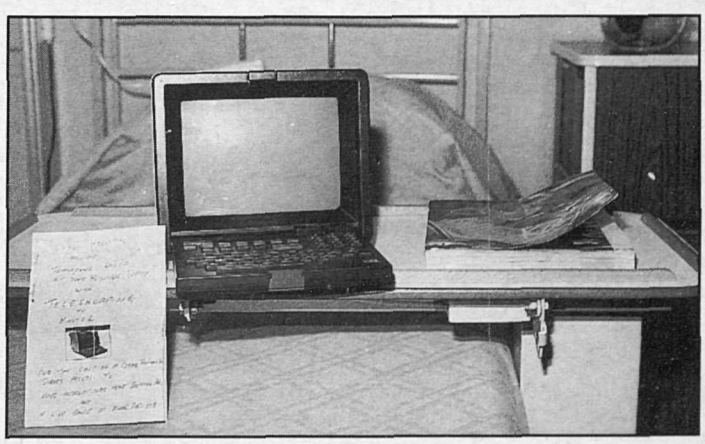
The intensive care unit is a vital area of the hospital in which both medical and surgical patients in need of intensive care are looked after, and it is also an area in which both doctors and nurses are further trained in this highly specialised work. It will be well represented at the fête and hopes to set up a mobile intensive care unit for visitors to see.

We need help in many ways, and should be grateful for any contribution, either in cash or in kind, which you can make to this event—gifts for the stalls, prizes for the tombola, publicity and, most important of all, your interest and presence on the day of the fête. Failing this, a gift of money for the appeal would be greatly appreciated and we should be pleased to let you have posters to exhibit if you are able to do this.

The raffle, with a handsome first prize in cash, will be drawn at the fête and tickets are available from the office of The Friends.

A H Burfoot
Chairman





The New Nuffield House. (*Top*) A typical private room. *(Bottom)* Patients will be able to shop by computer from their rooms. (*Photos:* Ron Simon)

GAZETTE NEWS

ASME

The Association for the Study of Medical Education invites undergraduate medical students from schools in the United Kingdom and Ireland to submit either a description of a piece of work, survey or research in which you have been involved in the field of medical education, or medical educational material produced in the form of computer program, videotape or test, together with a description of the material.

The submission should be in typescript and include an extended summary of up to 800 words. This should include a statement as to the assistance or supervision provided relating to the work.

The first prize will be £50.00 and the recipient will be invited to attend the ASME Annual Meeting, which is to be held in Manchester on 19, 20 and 21 September, 1990, and to present a paper on Member's Day, on 21 September. The expenses will be covered by the Association, this will include conference fee, accommodation and dinner and travel.

There will be two second prizes of £25.00, and the recipients will be invited to attend the Annual Meeting. The conference fee, accommodation and dinner will be provided by the Association. The students or medical schools will bear the cost of travelling expenses.

Submissions should be received in the ASME Office no later than *1 June, 1990.*

Prof C W M Adams

A Memorial Service for Professor C W M Adams will take place on Tuesday 24 April 1990 at 12 noon, in Guy's Hospital Chapel.

Gazette Listings

April

Wed 25 **Ladies' Tennis Club** Trials for team. 2 pm, HOP. All welcome.

Thu 26 **Christian Union** Joint meeting at St Thomas's 5.30 pm.

Fri 27 **Hop**—Ladies Hockey Club.

Sat 28 **Men's Hockey Club** Vauxhall–Bedford six-a-side tournament, Luton.

May

Tue 1 **United Medical Ethics Group** *Abortion: What are the moral issues?* St Thomas's, Nevin lecture theatre, 6 pm.
Christian Union 'A good investment'. 5.30 pm. Ballroom, Boland House.

Fri 4 **Hop**—Charities Week.

Tue 8 **Christian Union** 'A clean record'.
UMEG Anencephalic babies: a godsend? Anatomy lecture theatre, Guy's, 6 pm.

Wed 9 **Guy's Golf Club** Guy's Hospital Open—Maclean Cup. United Hospitals Bumps begin.

Thu 10 **Catholic Society** Mass, social evening to follow (wine, cheese etc). Reading room, Boland House, 6.30 pm. All welcome.
United Hospitals Bumps continue.

Fri 11 **United Hospitals Bumps** Last day.
Hop—Martial Arts Club.

Tue 15 **Christian Union** 'Who is your boss?'

Fri 18 **Hop**—Cricket Club.

Tue 22 **Christian Union** Joint meeting with St Thomas's, Guy's campus.

Fri 25 **Hop**—Photographic club.

Tue 29 **Christian Union** 'I can move a mountain'.

June

Fri 1 **Hop**—Music Club.

Tue 5 **Christian Union** 'Apologetics'.

Fri 8 **Hop**—Windsurfing Club.

Sat 9 **Summer Festival HOP** all day. Five-a-side football, rounders, obstacle course, food and drink.

Tue 12 **Christian Union** 'Keep on asking'.

Fri 15 **Hop**—Football Club/Golf Club.

Tue 19 **Christian Union** 'Prayer'.

Fri 22 **Hop**—Ski Club.

Sat 23 **Riverside Ball**, Hays Galleria.

Tue 26 **Christian Union** 'The greatest person' + barbeque.

Thu 28 **Hop**—United Clubs.

July

Fri 13 **Nurses Ball**, Grosvenor House Hotel, Park Lane. (Nurses and partners only).

Please note

We would like to make a comprehensive listings page a feature of the *Gazette* in future. The secretaries of all Guy's/UMDS clubs and societies, as well as those of regional dining societies, nurses' leagues, etc, are invited to send programmes of their forthcoming events to Suni Perera, *Guy's Gazette*, Boland House, London SE1 9RT. Please note that at least six weeks notice of an event is necessary for it to be worthwhile including, because of the inevitable delay in publication.

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- ☐ (c) A toothless bulldog.

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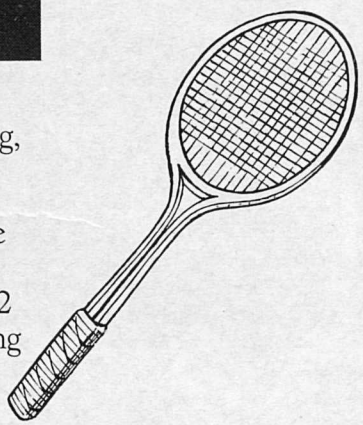
- ☐ (b) A dry ski slope
- ☐ (c) A road-sweeper with an IQ of 72.

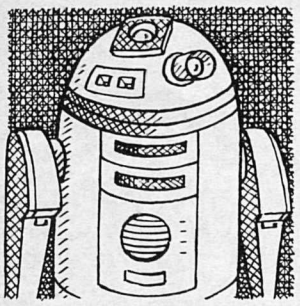


2 What has a long, slim neck?

- ☐ (a) The Sensodyne Search 4
- ☐ (b) A bottle of 1982 Yugoslav Riesling
- ☐ (c) A cygnet.

5 What's head and shoulders above the rest?

- ☐ (a) The Hunchback of Notre Dame
- ☐ (b) A giraffe
- ☐ (c) The Sensodyne Search 4.



3 What has a compact head with rounded corners?

- ☐ (a) A primary school
- ☐ (b) Just about everybody
- ☐ (c) The Sensodyne Search 4.

6 What toothbrush is more highly recommended than the Sensodyne Search 4?

- ☐ (a) None
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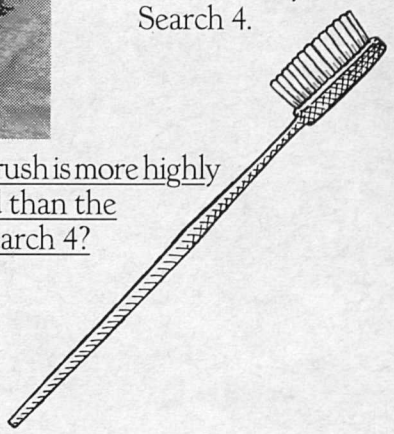

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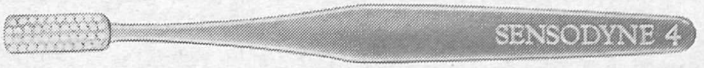

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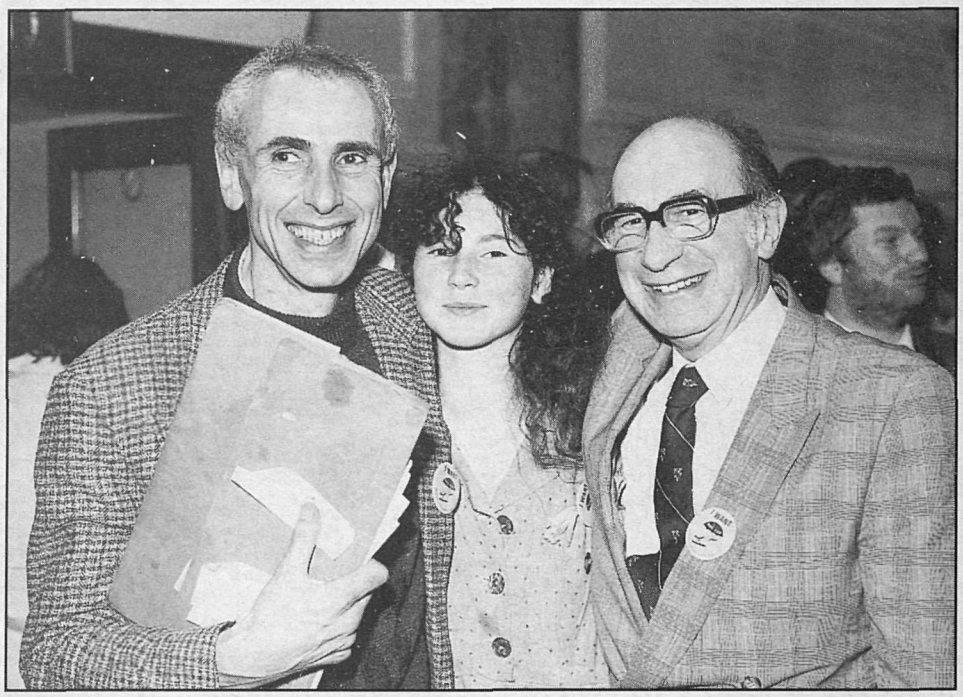
A Grand Night Out

Bernie Rosen organizes a party for the NHS

These are puzzling times for medicine. Our familiar game of croquet has been interrupted by the Queen of Hearts and her ludicrous executioner, the Minister of Health and now we await the shrill sentence. Faced with the removal of our hedgehogs, some of us have adopted the supine position, others wait for Alice to wake up. A few have joined the Mad Hatter's Management tea party. I became an impresario. For one night, anyway.

The result was the NHS Federation Grand Night Out on 1 March at the Central Hall, Westminster where an audience of a thousand took part in our particular quadrille. The NHS Federation was formed two months earlier to coordinate and promote the efforts of those groups opposed to the Great Reform Bill. It represents both patients and NHS workers who view the bill as a deforming rather than a reforming piece of legislation.

Without a proven record of failure either as an impresario or hospital manager, I was not necessarily the obvious choice to arrange a programme to help launch our campaign. In the event, it went rather well. The impresario, staunchly supported (propped up actually), by a talented group of grown-ups persuaded comedians, actors, singers, musicians and writers to appear for nothing. Some of them wrote material specially for the show. Donald Swann even discovered an old Guy's revue number 'Nightime in Bermondsey'. The show was compèred by Steve Nallon (of Rory Bremner and *Spitting Image* fame) as the Queen of Hearts herself. Rory Bremner was the main attraction and, as Saddam Clark, combined with John Bird to give us a glimpse of the future in planning a private disaster service for suitably insured patients. The many who couldn't appear, ranging from Dame Peggy Ashcroft to Leslie Crowther and Spike Milligan, sent messages of support. We covered our costs, but more importantly helped to focus attention on the campaign, including radio and television coverage from both the BBC and ITV. I'm still awaiting my phone bill which is definitely not in Wonderland and so won't just go away, unfortunately.



Bernie Rosen (*left*) with his daughter and Professor Harry Keen (*Photo:* Ron Simon)

Why should already hard working people at Guy's and other hospitals have to spend extra time and energy opposing legislation which nobody, apart from the politically ambitious, thinks highly of? Interestingly, polls of the recent Mid Staffs by-election suggested that opposition to the government over the NHS bill was almost as high as that over the poll tax. (84% compared with 90%). Unfortunately with its huge majority of playing cards and a pastiche war time leader (except we're at peace, remember), the government can, and does bulldoze its (her) policies through. However, I believe things may be changing. And this is the reason why events like our concert, when ordinary people stand up to be counted, matter. In the end, we feel the government will have to listen or go. Fundamentally, the federation believes that health provision, like education, is one of our great social rights and should not be run as a commercial enterprise. We too, want reform, but not an internal 'market' (what an obscene association with health). We want the NHS to be expanded and properly resourced. We have by far the worst funded health service in western Europe, but almost certainly the most efficient. A 25% funding increase would still leave us the worst funded, but nobody would complain. The NHS doesn't need competition. It needs a transfusion.

Well that's enough of the message. My friends have taken to calling me Sir Low Grade.

Dr Bernie Rosen is a senior lecturer in the department of psychiatry

Left: Earl Oakin sings at Central Hall, while Sue Townsend (*right*) reads from her Adrian Mole books. (*Photos:* Ron Simon)

Donald Swann (*right*) sings the old Guy's revue number 'Night-time in Bermondsey'. (*Photo:* Ron Simon)

Little Shop of Horrors

A Theatre Club production reviewed by Remy Chevalier

The latest offering of the UMDS Theatre Club was *Little Shop of Horrors*, performed on the evenings of 13–16 March in the Harris Theatre. This black musical comedy, written by Howard Ashman, was first performed in New York in 1982 and has been very popular since. It has been made into a film and appeared at the Comedy Theatre in London which is where your reviewer first saw it. It is always a risky business putting on an amateur show that many of the audience may well have seen performed by professionals, but the theatre club is not easily intimidated by such things and again they provided what I considered to be an excellent evening's entertainment. Congratulations must go to the musical director Dan Agranoff, the directors Gill Rowlands and Mike Travis and their backstage staff.

The show is set in a New York 'Skid Row' florist called Mushnik's, with a Topol-like Ben Stanhope hamming it up valiantly as the soon-to-be-devoured proprietor . . . oh but I'm giving away the plot. Business is bad and the shop will close in the absence of a miracle. In desperation, the young shop assistant Seymour (pronounced 'Seeemoyer' by one and all) produces a 'strange and extraordinary' plant to put in the window to attract custom. This plant, named Audrey II after Seymour's colleague, is the real star of the play. It is no shrinking violet but a rapidly growing, phallic-looking monster with the appetite and tastes of a Rottweiler.

Seymour is caught in a dilemma. The plant seems to possess a strange power to improve Seymour's lot, attracting hundreds of visitors to Mushnik's Skid Row Florist and rendering Seymour an overnight sensation as its discoverer. The price for this success, however, is the guilt of knowing that Audrey II lives on flesh and blood, which, in its own words, 'must be human, must be fresh.' Seymour has to find food for Audrey II—a prospect which initially revolts him, but gradually, as he becomes accustomed to his fame and the newly won admiration of the original Audrey, he finds each successive moral hurdle easier to leap. He finds himself feeding first Audrey's sadistic boyfriend Orin, then Mr Mushnik, then even Audrey herself, and finally himself, to the very persuasive petunia.

Seymour (*Neil Solomons*) and Audrey (*Helen Scott*) sing a duet. (*Photo:* Polly Moore)

Neil Solomons played an admirably earnest Seymour, who tries to get the girl before the alien artichoke does. Helen Scott as Audrey (I), wrung the laughs from her lines with a marvellously overplayed New York drawl. Her plaintive solo number, 'Somewhere that's green', left no dry eye in the house. For me though, the best song was 'Dentist!' in which Audrey's sado-

Right: **The cast sing the finale.** ***Below right:*** **Seymour shows Audrey II to Crystal (*Supriya Basu*), Ronette (*Shabulade Smith*) and Chiffon (*Stephanie Giles*).**

masochistic biker boyfriend, Orin, reveals the only profession that enables him to turn a dollar from his deviant ways. Here, Sohaib Safiullah voiced my worst fears as to the motivation behind a career in dentistry. Fortunately, natural justice is served when Orin falls victim to his excesses and becomes flower fodder.

And what of our heroine the green gobbler herself, Audrey II, expanding from hand puppet to the size of a Fiat 500? This was an impressive creation skilfully manipulated throughout, especially by Jamie Barwell who had to provide the appropriate animation to Andy 'I'll wheelie to church' Williams' vocals. Andy's raw style was slightly marred by amplification problems which made it difficult to follow some of the lyrics in what was an otherwise inspired performance.

Appearing throughout the musical in an array of interesting costumes were Stephanie Giles, Supriya Basu (surely she doesn't have any genes in common with Dijen!), and Shabulade Smith, alias Chiffon, Crystal and Ronette as backing in a group in the 'Motown' style numbers. As ever in theatre club shows there was also a slickly drilled supporting chorus to smooth the playing along.

Unfortunately, the band listed in the programme did not appear and, apart from accomplished piano playing by Dan Agranoff, the rest of the music was canned. However, once the correct balance between live and recorded levels had been achieved this did not detract from the performance at all. As Audrey II digested most of the major characters, the finale 'Don't feed the plants' ended the show on a cautionary note.

I was somewhat disappointed to see that the show was not sold out. The proceeds of the performances will go to fund diabetes research which is a good enough reason to support mediocre activities of the theatre club let alone gems like this.

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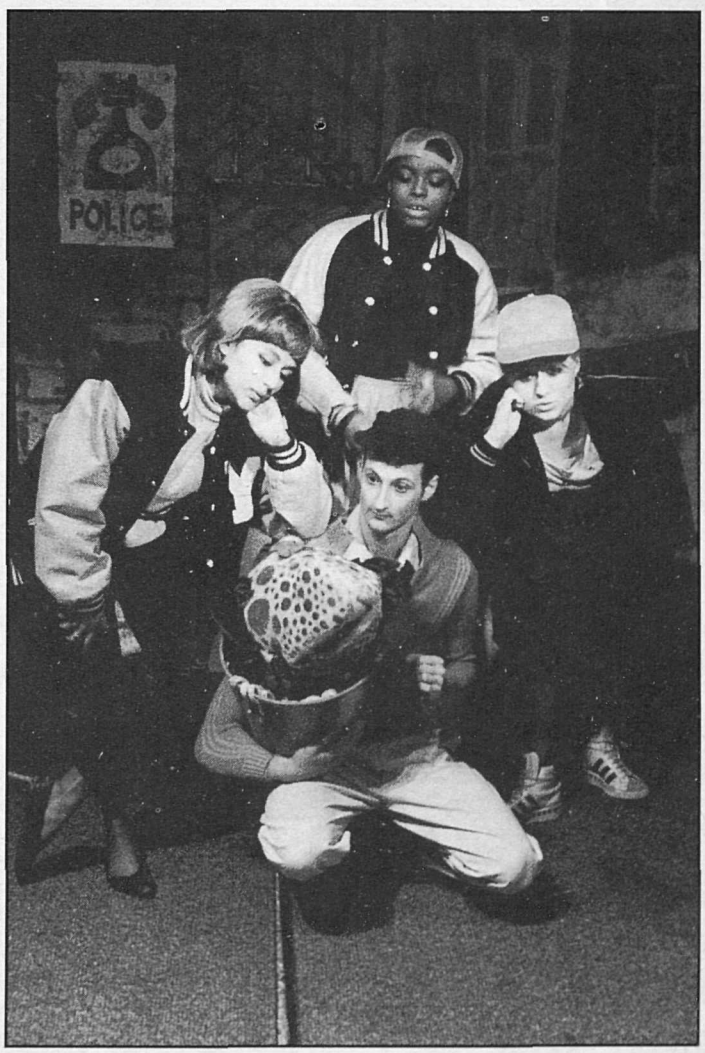

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White Paper concerns

Aman Coonar interviews Professor Elaine Murphy

The White Paper has faced much criticism, and some praise. Some of the most vociferous and eloquent has come from Guy's Hospital. Many of the arguments from both sides have been sound, logically expounding and explaining their positions. But all too often, in passing through the hospital grapevine, they have become charged with both catchy rhetoric, and familiar dogma, and all this has done is to confuse the issue. Indeed, the majority of us still fail to recognise the presence within the legislation of a momentous step, that is, the planned separation of the provision and purchase of health care.

Currently, district health authorities run local hospitals *and* are responsible for the provision of care in their area. These are very different things: the former is to do with management; and the latter is to do with identifying health care needs, and then going on to supply appropriate health care services for consumption. In future, the government wants authorities to act as commissioners or buyers of health care which would then be provided by independently managed hospitals either in the public or the private sector.

For many, this step is a worrying one. Analysts from the Kings Fund Institute, a health think-tank argue that much depends on the way in which districts adapt to their new responsibilities. If they become effective purchasers of care the reforms could prove successful, whereas if they do not there will be few benefits. Guy's is seen as a strong contender to opt out. If it does, how will Lewisham and North Southwark Health Authority adapt to ensure that the health needs of the community which it is charged to serve will be met? To answer this I spoke to District General manager Professor Elaine Murphy.

Photo: **Ron Simon**

Are their any immediate advantages which you see in the White Paper legislation?

With respect to my job one very important change will take place. For the first time I will be able to concentrate on the health needs of local people. In the past, quite understandably, I and my predecessors have always been very involved in the day to day running of the hospital with all its acute needs. There was very little time left for us to establish exactly what the community required, let alone allowing me to implement changes to meet those needs.

Does this mean that epidemiology, a neglected subject, will become more important?

You are quite right to point out our neglect of that area, but that problem has been recognised, and we will see an expansion in public health medicine both in this health authority and nationally. Over here, the director of public health will work closely with me. It is quite clear that if we are to serve the community we must carefully study the character of people's health needs and demands.

And what would you do with that information?

Our aim would be then to find out exactly how best to meet those requirements. We would want to provide the best health care most efficiently, and this would take account of factors such as cost of treatment, and quality of service to patient—for example, waiting list length.

From your comments about patient

need, does this mean that preventative health care is to become a greater priority?
Yes, by being charged with providing health care for a community one is bound to think it terms of promotion and prevention. In the future, I would like to see the health authority focussing much more on that. That could mean steps such as health education in schools, liaising more closely with pressure groups, and perhaps even political lobbying. It also means looking at ourselves critically, and trying to see areas where we can do better. A case in point would be our relative failure to provide services for certain ethnic or social minority groups, and that is something which we would like to rectify.
You also imply that great emphasis is to be placed on information, and its manipulation. Will you be investing in that area?
Indeed, it will be crucial for us to have appropriate technology, and to have the means to use it effectively. Not only are we bringing in computers, and training people to use them, but we also plan to provide communication skills training, and to use more professional marketing methods to ensure that the maximum amount of information is flowing most effectively.
Philosophically speaking it seems ethically unacceptable not to monitor the efficacy of health care intervention. Will you be 'auditing' your efforts?
Most certainly. We are currently working with the clinical directorates to produce parameters of success. These are not only to do with therapeutic efficacy, but also with other dimensions which will hopefully assess factors such as patient satisfaction and cost. This is another reason why we need a good information flow. We will have to be seen as rapidly responsive.
The commitment by the health authority seems clear, but many people remain concerned that breaking the relationship with the hospital will mean that services will no longer be locally available in a form in which they are needed. Is this a valid concern?
It is very right for people to be concerned about this, and to voice those concerns. It is after all easy to envisage a powerful 'provider-unit' which is not dependent on a local market. However, there are a number of factors which make me feel confident that services will remain local, and of good quality.

First, I do not think that people realise quite how important we are to Guy's. Currently about 65% of Guy's services are consumed by local people. In other words the community is currently the most important market for the hospital. Almost certainly the hospital could not afford to do without us for many years.

Furthermore, health authorities will retain the right to state where their core services are to be made available. Now core services are exactly those which people so often cite as the ones most threatened by the White Paper—geriatrics, psychiatry, community paediatrics, some obstetrics and gynaecology, and accident and emergency with its inpatient and outpatient follow-up. I think that we could continue to want those to be available where our local population is, and currently that means Guy's, Lewisham and St Thomas's. This means that these services will have to stay local, and thus, these hospitals will remain linked to us. I hope this satisfies peoples' concern.

Essentials of Neurology 6th edition. Lord Walton Churchill Livingstone. Soft cover. 339 pages. 1989. £14.95.
There must be almost as many textbooks of neurology as there are neurologists in the country. In fact I am exceptional in not having turned my word-processor to the tantalisingly difficult task of making neurology easier for the student to understand. The author of this book, Lord Walton, used to be professor of neurology in Newcastle and is now warden of Green College Oxford and chairman of the General Medical Council. It is remarkable that he should have found the time to update this textbook so successfully. The publishers have produced a much more clearly printed and attractively illustrated book than the previous editions. Many of the pictures and tables have been borrowed from elsewhere and it is good to see our own Dr O'Brien's largely unsung work in the excellent pamphlet *Aids to the examination of the peripheral nervous system* appropriately acknowledged. I was intrigued to discover that Dr W N Mann's diagrams of the motor and sensory pathways drawn for later editions of *Coneybeare's Textbook of Medicine* were also reproduced, although I fear they would send shivers down the spine of the professor of anatomy.

The first half of the book is devoted to general neurological principles and clinical neuroanatomy, and the second half to accounts of different neurological diseases. These have generally been brought up to date and illustrated with modern images, many of them clearly from Guy's Hospital. The student would have benefited from more extensive labelling, for instance on the picture of an acoustic neuroma. The main text has probably benefited from a wordprocessor's 'spellcheck' program but the figure labels and legends are a happy hunting ground for 'typeos': I particularly enjoyed 'lateral geniculated body'. The neurological complications

of AIDS deserved more than three quarters of a page, because of the importance of AIDS dimentia due to HIV infection of the central nervous system. Similarly, tropical spastic paraplegia, which is a real problem in the differential diagnosis of paraparesis in West Indians who have come to this country, deserved more than nine lines: it is due to a different retrovirus called HTLV1 which also causes polymyositis and T cell leukaemia. If there are essentials which have been left out, there are also inessentials, such as obscure anatomical structures lurking in diagrams of the limbic system, which have been included and are not going to be common knowledge among MB or MRCP examiners.

This book is more detailed than will be required by the MB pass student but would be helpful for the student going for a distinction, or for the MRCP candidate. It is a moot point whether such readers would not be better served by reading the neurological section in, say, the *Oxford Textbook of Medicine*. However I would now prefer this book to my previous favourite of similar length, *Brain's Clincal Neurology*.

Richard Hughes

Hematology—a pathophysiological approach. 2nd edition. B M Babior and T P Stossel. 432 pages. £19.95. Soft cover.

This is the second edition of a textbook of haematology that was first published in 1984. It is much longer and more detailed than most medical students would want for what is, after all, a subject that is examined as only part of the pathology and medicine finals, but it would be a pity if this put off potential readers, because the book is in fact admirably clear and enjoyable to read. The authors take trouble to try to expain the pathophysiology underlying the various haematological disorders, which means that, although one might have to read an extra five pages about, say, iron deficiency anaemias, or B12 metabolism, this effort is rewarded with a much better understanding of the subject, which in turn makes it more memorable.

Babior and Stossel have a love of haematology which is manifest in their writing. This makes the book a pleasure to read, giving it the same appeal that a lecture from an enthusiastic teacher has. They seem to love blood so much that they can't wait to explain the next subtle interaction or unusual finding. They also display a commendable understanding of those parts which the

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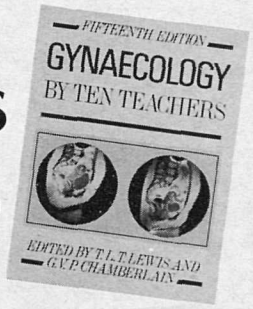

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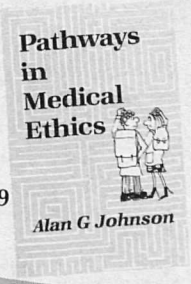

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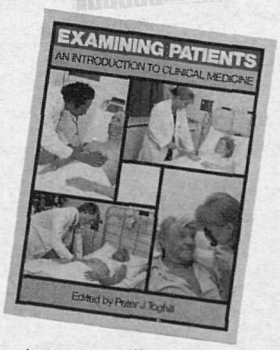

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REVIEWS

student may find difficult to grasp, to which they then devote much careful explanation of the basic pathophysiology.

The organization of the book follows the well-tried method of covering first red cell diseases, then coagulation, and finally white cell problems. The authors adopt a slightly different classification of blood diseases than that found in most textbooks. They feel that their changes mean that the diseases are covered more logically—for example, they have introduced a category of stem cell diseases, in which they discuss aplastic anaemia, paroxysmal nocturnal haemoglobinuria and essential thrombocythaemia. The book is well illustrated throughout, and occasional splashes of humour lighten some of the more difficult passages.

I would have no hesitation in recommending this book to any medical student approaching pathology finals. It is clear and comprehensive and very easy to read. Unfortunately, few medical students will feel that £19.95 is a reasonable sum to spend learning haematology, but look out for the book in the library—it is much more up-to-date than any of its competitors.

MGS

Essential Orthopaedics and trauma. David J Dandy. 464 pages. £13.95. Churchill Livingstone.

This orthopaedic textbook, which has a soft cover, is a surprisingly heavy book. Churchill Livingstone in addition, have pointed out that the book is liberally illustrated, but when they talk about colour the only colour they have used is either blue, black or white! This book has no glorious technicolour in it.

The book is for undergraduates and postgraduates and I think suffers from its author's stated double objective. It is too heavy and too detailed for the undergraduate who is trying to learn orthopaedics and trauma, and yet there are important points, missing in the text. For example, in the section on 'Flexor tendon injuries', no mention is made of the fact that the patient should be admitted to hospital for surgical management, although the author points out how difficult it is to undertake successful surgical repair of the problematical tendon injuries.

For a book that is 450 pages long, it is surprising that not much space is allocated to methods of treatment, such as physiotherapy, occupational therapy etc. While I think it is undoubtedly an addition to orthopaedic literature, I am not at all sure that it is ideal for the undergraduate.

J D Spencer

OBITUARIES

Miss Agnes Lousia Perkins SRN, SCM HV Cert

It was with great sadness that the death of Miss A L Perkins was announced on the 9 February, 1990. Undoubtedly she was one of the best loved sisters who upheld the best tradition of nursing at Guy's. When considering how to write this obituary all sorts of cliches came to mind—'the end of an era'; 'when she was made the mould was broken'; 'the world is a poorer place for her passing'—all well worn phrases which sound trite when used frequently for the sake of saying something flattering. However, when searching for the right things to say about Miss Perkins these hackneyed words take on a new meaning and can be said in all sincerity for everyone loved her and she was equally kind to all those with whom she came into contact.

'Polly', as she came to be known, (it was inevitable for a Miss Perkins to be so named because of the popular pre-war song "Pretty, little Polly Perkins of Paddington Green"), commenced her general train—at Guy's in 1928. This was completed in 1931 when she continued in the hospital as a staff-nurse. She was promoted to sister in 1932 and many Guy's people remember her as sister Naaman and sister Christopher. She became night superintendent, a post in which she remained until she was made an assistant matron. Those of us who trained during the war years remember her as the assistant matron in charge of the Guy's Unit at Farnborough. I shall always be grateful for her kindness to myself when I was off sick and particularly to my Mother when she came to visit me. Miss Perkins left Guy's in 1948 when she was appointed matron of the City General Hospital in Sheffield. In 1951 she went as district nurse midwife health visitor to Redruth, Cornwall—a post she thoroughly enjoyed. Happily, Guy's claimed her again in 1958 when she returned as first assistant matron and later as deputy matron She remained in this post until her retirement in 1965.

It was during this time that she came in contact with many generations of Guy's nurses and because of her long association with the Hospital. Polly was always professional in her dealings with the staff one could always count on a fair hearing and kindly advice in any interview with her.

Retirement gave Polly a new lease of life when she entered fully into the village community of Steyning in Sussex. Whether she was helpful in the infant welfare clinic, (weighing the babies reminded her of her happy days in Redruth); joining in the activities of the Womens' Insitute; playing bridge; gardening or best of all, entertaining 'her girls' to a day in the country, life

was full of interest and very enjoyable for her. Polly always renewed her contacts with Guy's when she attended the annual general meeting of the Nurses' League where she amazed every one by remembering their names and history. Sadly her last years were marred by problems with her sight but she overcame her lack of vision by asking her visitors to announce themselves and she was able to recognise voices and the telephone kept her in touch. She was so familiar with her way about her house and garden that she was able to remain there thanks to her numerous, helpful friends and neighbours, until her last illness. She suffered a heart attack a week before her death and she was admitted to Worthing Hospital where she died peacefully in her sleep on the morning of 9th February, 1990.

Everyone who knew her will have their favourite memories and anecdotes about Polly, and I am happy to remember her when I look at the rosemary bush in my garden when she gave as a cutting from her garden on one of my visits many years ago.

BNS

Mr Robert Owen

Those who were privileged to know Bob Owen, a meritorious consultant in otolaryngology at the Cardiff Royal Infirmary, were filled with sadness at the news of his death on 14 October 1989.

Robert Davies Owen grew up in Nefyn, North Wales, and like his father before him joined the merchant marine at the age of 17, during the first world war. Three months after his father was lost at sea he himself was torpedoed and spent four days and three nights in an open boat with a company of 42, whom only nine survived. Following his rescue he was hospitalized with peripheral neuritis, the extent of which was so disabling that he could not walk for a considerable period of time afterwards.

During his convalescence he decided to study medicine and as he had already matriculated, he first went to Aberystwyth University to do the intermediate BSc, and later to Cardiff to obtain the final part of this qualification.

As there was not a hospital in Cardiff at this time at which he could pursue his clinical studies, he applied to enter Guy's in 1921 and thereafter qualified in 1924. He first became interested in ear, nose and throat surgery as a senior medical student at Guy's, and immediately after completing his first surgical house appointment at Cardiff, he spent a year as house surgeon to Dr Patterson (of Patterson Brown Kelly fame), an early pioneer in the specialty.

In the absence of a registrar duties of a house surgeon Cardiff Royal Informary were onerous. Much of the acute surgery of sepsis of the middle ear and mastoid was his responsibility, and because the potential hazards of otitis media were not always fully appreciated by the general practitioners of that era, intracranial complications were frequent and became part of the repertoire of the house surgeon. It was not uncommon for instance to see and treat a dozen acute mastoids a week.

Patients would come to the 'front surgery' with serious complaints, usually without referral from their GPs, and would then be admitted; or if their condition was less serious would be sent back to their GPs with a note. House surgeons took turns to staff the casualty department at night after a full days work and were subjected to a wide spectrum of diseases. They could not be married and were paid £50 per annum. Registrars on the other hand received £250 per annum and consultants were unpaid. During his term as house surgeon in Cardiff, Bob Owen learnt the then new technique of endoscopy from his chief Dr Patterson, who was the first to introduce it into the United Kingdom after a sojourn in Germany.

He was subsequently appointed registrar to Mr Mollinson at Guy's and that advanced his craft at the hands of that most distinguished of ear, nose and throat surgeons.

In 1928 he became assistant surgeon in the ENT Department at Cardiff Royal Infirmary, three years later at the age of 31 inherited the mantle of senior surgeon.

The work at the infirmary was prodigious since the hospital catchment area embraced a population of about one million and much of it was in the nature of acute emergencies. Within 12 months of his appointment he was invited to provide a service at a peripheral hospital, namely Mountain Ash, and recalled in a taped interview that he was offered two guineas per operating session and five shillings for an outpatient clinic. He clearly saw the advantages of working in a satellite institution, since it provided the opportunity for selecting the most interesting and difficult cases and referring on to the infirmary where they would be used for teaching.

During his period as registrar at Guy's he seized the opportunity to watch Lionel College performing pharyngolaryngectomies for patients with cricoid carcinoma, and this served him in good stead when he returned to Wales where cases of this type abounded. His former chief Patterson had previously presented his observation at the Royal Society of Medicine on the syndrome which bears his name together with that of Brown Kelly, and on the possible relationship of that condition with post cricoid carcinoma. From 1931 onwards Cardiff emerged as a centre of expertise in the management of post cricoid carcinoma and Bob Owen could justifiably take pride in the fact that this was largely the result of his endeavours.

After the Second World War he recognized the need to establish a paediatric ENT department, which would be separate from his adult practice and negotiated the takeover of Ely Hospital, previously a centre for the isolation of fever cases, and turned it into a children's unit.

In his reminiscences he was quick to remind us that glue ear was recognized well before the era of grommets and that the mainstay of treatment then was paracentesis, together with removal of the adenoids and reliance on the Politzer bag to the established ventilation of the middle ear. Perhaps also by way of reminding those who advocate the use of maskers as a modern day treatment for tinnitus, he recollected the shrewdness of Sir Arthur Hurst, who recommended those suffering from this condition to place an alarm clock with a loud tick at the bedside.

It is salutary to know that long before noise-induced hearing loss received a belated recognition in the medical literature, he and colleagues in Wales were familiar with it as early as the 1920s, largely as a result of contact with miners who drilled undergound and those whose ears had been damaged during the first war.

Shortly after starting as a consultant in Cardiff he saw the arrival of the first professors at the infirmary, at a time when such persons were few and far between, and recalled that in 1930 feeling between professors and 'voluntary' staff ran so high that student teaching was suspended for nearly two years and students were obliged to go to London to continue their studies.

Bob Owen presided over a department which is rightly acknowledged as being one of the foremost in the land. He ensured that it kept abreast of the latest developments; the first audiometer for instance was introduced in 1949 and the Zeiss operating microscope in 1952, the latter apparently not without a struggle, as the Board of Trade were unhappy about the importation of an instrument which had been manufactured by a recent foe.

After his retirement he continued to attend clinical meetings up and down the country until just before his death. His colleagues who saw in him a man of charm, courtesy, wit and intellect, always greeted him on these occasions with great affection.

He will be greatly missed.

O H Shaheen
W J Owen

PHYSIOTHERAPY NOTES

Nuffield House

Is everyone writing about the opening of Guy's Nuffield House this month? Will the event be the opportunity for quips, letters and questions as was the inauguration of A Piece of Cake? The last we heard of Ratty and Mole was that they were so busy sampling the culinary works from the Bakery that they had no time to communicate. Being such well brought up individuals they would never speak with their mouths full. But still no sound? Have they overdone it? Are they awaiting the opening of the House so that they can present themselves in the new consulting rooms and subsequently experience the tender loving care and the high technology in ITU and room 204?

Certainly the new rooms are a great improvement on the old Nuffield rooms; the bathrooms look almost House and Garden but the House is not yet full of plants. Indeed, in the photographs in the first circular the Vase of flowers in the patients room looked suspiciously the same as that on the window sill behind the nurses station.

From my cursory visits it is impressive. There is one double room, however, that has a design fault which may in turn help to bring in trade. If the door to the room is shut, as it will be for reasons of privacy, and the patient is sitting in the easy chair and decides to get up and go to the bathroom, he will most certainly fall over the door stop and probably sustain a fractured neck of femur or, if he is lucky, only a Collis fracture. This attractive, solid door stop is screwed stategically in the centre of the only path from chair to bathroom. Will the removal of this dangerous structure be the final responsibility of the physio-

therapist in her new health education role?

Frightful as the rooms and cubicles had become there were some good features about the old Nuffield House. Some may remember the glass-walled physiotherapy department up on the roof and beyond it the private sunbathing area overlooking the Park. This is where the physiotherapists built up their natural tans in those long sunny summers. Long, hot, lazy lunch hours were spent on this roof in quiet contemplation except when disturbed by the overlookers working in the animal house.

Hopefully, physiotherapy students will be able to carry out some clincial placements within this new facility. Last year experience was gained in the London Bridge Hospital. So long as the patients agree to receive their therapy from students (closely supervised by the senior physiotherapist) it would seem to be an excellent opportunity for the private sector to help in the training of the staff on whom they depend so heavily to give the essential services to their patients.

Diana Innocenti

No room to put them in?

So what have we got no room for at Guy's? Why, babies, of course. A short while ago a notice appeared announcing a meeting to discuss the possibility of setting up a créche. soon afterwards the notice had 'cancelled'—not 'postponed'—scrawled across it.

The idea of a créche is not new, and I have heard mention of it on many occasions in the past. If set up, it would only be an innovation here; many employers have beaten Guy's to it—even the MoD offices are introducing a nursery. There are many nursing, and other staff, at Guy's, who are female and need someone to care for their babies or young children if they are to remain on the staff of the hospital. It seems peculiarly apt that a hospital should provide this facility, for both male and female staff. There is a créche within the health authority's jurisidiction, at Hither Green, but I hear there is a waiting list for anyone who wishes their infant to be catered for there.

In the climate of the recent return to 'Victorian values' some folk believe that a woman's splace is in the home, not working outside for paid employment.-However some women need to work for financial reasons, and others fail to see why career considerations should be confined to the male of the species. Maternity leave has become part of our social fabric: paternity leave is barely established in the UK, although certain continental countries have recognized this as an 'equal opportunities' measure.

A lot has been heard lately about demographic changes, and the consequent decline of the number of youngsters coming into the job market. This boils down to the need for an increase in the female working population during the next decade. If there is an overall shortage of employees, how much more significant it must be for nursing, traditionally a female dominated occupation?

If nurses are to be encouraged, either back into the profession or not to leave it in the first place, then adequate provision must be made for the care of their offspring. At the time of writing there are hints that tax advantages may soon be forthcoming for those who need to pay others to care for their children while they work. This is considered to be on a par with perks received in other businesses, mostly by men. Unfortunately a lot of nurses' pay is not very high, and even a small tax relief may proffer little inducement.

It is hard to discover why, when the hospital is fast becoming a resource management centre of excellence in so many other spheres, it cannot see its way clear to maintain or retain one of its most vital resources—the nurses who are needed to care for patients, and still do every other job, when there are staff shortages.

Surely those in charge of business management must realize that a properly organized créche would provide two advantages. Firstly, it could pay for itself, or dare we whisper it near them, even make a profit, and secondly, would ensure nurses could be available to cover shifts as required. A mother who needs her infant to be looked after by a distant child-minder is not such an asset to the nursing service as one who can visit her baby at meal breaks, even breast-feeding, and experiencing less anxiety when she knows the child is close at hand. When the baby is in a créche on the spot, this also avoids the need for extra travel before and after each shift, if the nurse has to place her child in the charge of someone distant from her residence. The advantage of a créche at Guy's is so obvious; one day we may no longer read notices, pinned to the poor old plane trees in the Park, of cancelled inaugural meetings. After this, we will all wonder why, like the introduction of sliced bread, it had never been thought of before!

Denis Cobell

An apology

On the cover of last month's Gazette we incorrectly attributed the story of a Guy's ski trip to Peter Ware, and said that the trip in question was an official one by Guy's ski club. In fact the article and photographs which appeared described an unofficial holiday organized by students at Guy's. We should like to apologize to Peter Ware and members of Guy's ski club for this unfortunate error.

The men's first VIII at Kingston

Boat Club

Reading University Head of the River

The last two years have brought wins for Guy's crews at this regatta and so we started the day with high hopes, helped especially by managing to arrive at Reading with plenty of time to spare.- Only three Guy's crews rowed this year, the 1st VII unable to do so due to their exhaustive training schedule.

All three crews rowed well. The men's 2nd VIII had an excellent race, finishing in a time faster than last years' 1st VIII. The ladies' 1st VIII were pushed hard throughout the race by a Senior II crew who in their eagerness to pass the Guy's ladies broke an oar and got themselves promptly disqualified. The 1st crew went on to finish 2nd in their class. The ladies 2nd VIII, who had to resort to singing at the start to keep their spirits up, rowed with enthusiasm but despite a valiant attempt to stimulate them by 'Rude Pryke' were unable to hold off the one crew that started after them.

The rowing over, we discovered that Tinny II was in fact 6 inches too long. So with rudder sten our only prize for an otherwise enjoyable day we headed for Guy's Bar and the Castle tandoori for the traditonal Post Reading celebrations

Crews:

Mens 2nd VIII—
Alex Cash, Spencer Hodges, Rob Pringle, Maxwell Patel, Guy Mclellan, Alistair Black, Richard Simon, Greg Davies, Cox: Louise Ward.

Ladies 1st VIII—
Diane Bessey, Liz Gibson, Danielle Smith, Steph Tolpurt, Ellie Makings, Crecta Srivalsa, Clare Bates, Caroline Burt. Cox: Andy Klein.

Ladies 2nd VIII—
Lucy Orr (arf arf !!), Sacha Mayer, Christina Tennant, Heidi Osborne, Danielle Power, Justine Flaud, Sara Clements, Ann Stamp. Cox: Helen Gledhill.

Kingston HORR, 17 March

After a long period of winter training the Kingston head had been targeted to provide the first boat's victory of the season.

Arriving early, we assembled our boats in glorious sunshine and had ample time to ponder our race plan, but rowing up to the start it was apparent that the crew was very unsettled. Our rowing suffered, with the boat feeling unbalanced. During the race we had ample power, but it was difficult to apply it, and with a rather overcautious low rating the crew was unable to row at its full ability. We finished third in our class, losing by only 11 seconds over a twenty minute race and over the last five minutes succeeded in holding off the Lea, a crew with considerably more experience than ourselves.

The ladies' first VIII found the course long. Perhaps they need to spend more time together to combine their individual abilities into one crew. However rowing in a division which contained many quality crews they put in a creditable performance.

The men's second VIII rowed strongly passing several crews despite the fact that 'slider' Simons decided that the boat would go faster if he used neither his seat nor his shoes. In addition they were rowing in a boat which they were not used to, after Jon modified the stern of their usual eight on the way back from Reading the previous week.

All in all it was a disappointing day in which neither the men or the ladies did themselves or the club justice.

University of London HORR, 18 March

With our full 1st VIII crew back together and considerably more relaxed than at Kingston the previous afternoon, we were relishing the chance of showing the other university crews the improvement that we had made since Christmas. We started head of the river with Tommies snapping at our heels close behind. Setting off rating 32, from the Pink Lodge we rowed crisply and strongly stroke after stroke holding off the higher-rating and more experienced Tommies boat. Coming through Kew Bridge, following the example of our cox, who steered an impeccable line, we increased the rating and built on the solid foundation of the first half and stroked the boat home into first position in the Senior 1 division taking several notable scalps. We finished second overall to Tommies who beat us by a narrow margin.

The ladies' lst boat again found themselves rowing out of their division but on their home stretch put in a gutsy performance and finished second behind the London.

The men's 2nd VIII approached the race in their usual casual fashion with members of their crew relaxing in the pub 10 minutes before the race was due to start and other members of the crew falling asleep in the park eating their lunch. This was punished with

an unexpected plunge in the Tideway. However their relaxed attitude paid dividends as they romped down the course leaving a trail of foaming water behind (it may not be beautiful but they sure get results) to steal the novice division from the composite Royal Free/QMC crew.

CREWS:

1st VIII

bow: J Rose
C Peebles/A Williams
B Kelly
S Pryke
J Crossman
T Spires
M Smith
J Robin

cox: P Fouzani

2nd VIII

bow: G Davies
R Simon
G McLellan
A Black
M Patel
R Pringle
S Hodges
A Cash

cox:

Ladies 1st VIII

bow: C Killock
C Bates
G Srivatsa
E Makings
S Tolputt/K Godpur
D Smith
E Gibson
D Bessey

cox: S Bunn

'Rude' Pryke

The 1st XI celebrate at HOP after winning the UL championship

Football Club

Guy's 1st XI 0 vs Goldsmiths 1st XI 0

The outcome of the UL Intercollegiate football league hinged on this top-of-the-table encounter. Guy's needed only one point to clinch the championship whereas Goldsmiths needed to win.

In a predictably fast and furious first half both sides had their chances but failed to capitalise on them.

The second half started with the suprisingly large crowd, which had assembled at HOP, cheering both teams loudly. On an unusually hot March afternoon, legs began to flag and mistakes were made. However, Tim McDonogh and Steve Lewis, who between them had scored 40 league and cup goals this season, had very few clear-cut goal attempts. They nevertheless constantly ruffled the Goldsmiths defence, disrupting their game plan. The midfield worked tirelessly and Anu Biswas and Phil Roberts proved the perfect foil for the skilful passing game of Raj Sajjanhar.

As the Goldsmiths' side pressed forward for the all-important goal, they forced a succession of corners. The Guy's rearguard, who had only conceded eight league goals at home all season, put up the sandbags and held firm. The aerial domination of Tony Betts and Dave Callaghan proved decisive. Even though rarely called upon, Andy Mead and Julian Thompson were an inpenetrable final barrier to the Goldsmiths attackers.

After what seemed an eternity the referee concluded the match. Guys, for the first time ever, had won the premier division title. The team could now confidently call themselves the best side in the university.

Champagne and Malibu flowed freely in the post-match celebrations. But on such a memorable day it was sad and ironic to think that we will not be able to defend our title next season. This is due to the bureaucratic merging of Guys with St Thomas's. At least we bowed out at the very top.

The team would like to thank all those who came to support us, especially the everpresent Peter.

We hope that our success will continue in April with the farewell tour to Dublin. This, however, must be in doubt with Guinness readily available.

Special thanks must also go to S Potts for doing Raj's Endo patient on a crucial Wednesday afternoon.

The football AGM will be held on Friday 4 May. All are welcome.

1st Team Squad: Naterwalla, Thompson, Betts, Kalra, Kitey, Callaghan, Mead (Capt.), Sajjanhar, Hendricks, Taylor, Jones, Roberts, Tucker, Lewis, McDonogh.

Also: Davis, Biswas G, Biswas A, and Selmon.

Skips

Guy's v Imperial College, 3 March 1990

The skipper said 'No alcohol before the big game', our survey said 'try again' and so to the bar and the Castle Tandoori. The morning after was as usual cloudy and smelly but by lunchtime the troops had regained their poise and were ready for battle. Oh! and what a battle, within minutes Imperial were assaulting the Guy's defences and it needed a subtle, inconspicuous piece of savagery on the part of T Betts to stem the tide and assert ourselves on the game leaving the opposing attacker with a lumpy face. We pressed forward

into the visitors' half and it needed only a moment of pirouetting genius from Hendricks to chip the ball and leave the goalie floundering on the turf in bewilderment. Hendricks simply kissed his fist and saluted the crowd, unfortunately Neville also wanted to celebrate and in doing so he dislocated his shoulder and the rest of his season. But every cloud has a silver lining and this one came in the shape Guy Selman, a robust member of the rugby fraternity who volunteered to step in to the breach. This minor setback only added to the resolution of the team and instead of submitting to the onslaught of the Imperial might we simply turned around and stuffed them out of sight. Further goals from the number one scoring partnership in the premier division, namely Lewis and McDonough gave us a powerful 3-0 interval lead and didn't we suck them oranges with pride. A further 45 minutes of charismatic ambience followed and the crowd wept in awe when Kitey parted the Imperial defence like Moses the Red Sea and created an angle that wasn't there and slotted the fourth goal in, concluding the most emphatic victory for many seasons. With three games remaining there is every chance God willing that in the final year of Guy's football club (UMDS next year) we will go out in a blaze of glory.

Kitey

Hockey Club

UL Cup semi-final, vs St Thomas's

There were three factors making this a game we had to win. It was the cup semi-final, a league match and most importantly it was against our chums St Thomas's. Tension was running high. Details are irrelevant except that we slaughtered them. With the score at 1-1 at half time, a sharp wrap on the knuckles inspired us all to secure the necessary goals. A fine performance all round.

And on to the final . . .

vs The London Hospital, Motspur Park

The London had tried desperately to psyche us out before the match, with faxes to the medical school—but headbands are only skin deep! Banners adorned Boland House and numerous stickers proclaimed 'London for the Cup!' How tacky! Guy's remained completely calm and our team arrived in fine form. Mindy was on crutches with cast up to her thigh and the captain an hour late for the warm up! Tania fell for the stunt head over heels until Mindy ran, amazingly healed, onto the pitch.

Our supporters were in superb voice and gave us a real boost. The rendition of 'London's Burning' was perhaps their finest performance yet.

The London, being in the premier division, made us definitely the underdogs. The first goal however, was to Guy's, coming from Tania Grace after twenty hard-fought minutes. As half-time neared, the London managed to slot one in to equalise. Our supporters certainly rose to the occasion with a half-time salute to the London.

The second half saw us more determined than ever—after all, this wasn't going to be our first defeat of the season. Tight marking from the defence, including Beck with half mast skirt, and skilful dribbling by the forwards, kept the opposition at bay.

Thanks to immaculate umpiring from Alan Whelan, a converted corner from the London was disallowed. No appeals were made and we all breathed a sigh of relief.

A short sharp cross then enabled Rebecca Williams to defeat their goalie. Arms were raised with exhileration and the chanting became even more raucous. The main concern was then to keep our heads for the remaining fifteen minutes. Ths was perhaps the most difficult part. A well disciplined London began losing their touch and there seemed no stopping us. The final whistle was blown and a pitch invasion ensued. Guy's had won the UL cup for the last time! Medallions all round and celebratory cup-kissing became the order of the afternoon.

Thank you to all our supporters and to Alan for umpiring. Next season sees the start of UMDS. Good luck everyone and thanks to Vanessa Shelton, Alison

The victorious ladies' hockey team.

Dick and Rachael Harrison for their commitment over the years. We'll miss them on elective next year. Meanwhile we look forward to a monster tour over Easter.

Rugby Club

Guy's 3rd XV vs Purley

HOP 10 February Won 15-10

Kick off was delayed because Purley required an extra player. The hapless Robert Dyer, hoping for a quiet afternoon on the touchline, was recruited. On the other pitch the first fifteen had started their game in a characteristic casual manner. League rugby is said to have injected fervour and professionalism into the sport. Well it is not necessarily so.

The thirds were brought to attention by the whistle. They gazed with sinking feelings at the Leviathan and Behemoth lookalikes among the opposition. One stood at eight feet, the other was structured like the Great Pyramid at Giza. Amongst the rest were rough countenances, stubbled chins and surging bellies. Sartorially they were a mess.

It took a minute or two for the Guy's players to appreciate that they must run the ball away from the forwards, and as far as possible. Even so, they were soon under pressure and it was a relief when Purley missed an easy penalty. With the wind, Guy's appreciated that they would need to conclude the first half with a few scores. The forwards struggled and the backs contrived to cross the gain line. As the match progressed the hospital players performed with more confidence. From a short penalty Ducket went over and soon thereafter Conchie was rewarded with the second try. Neither was converted.

The second half saw more exuberant running and some strenuous mauling. The trio of Zangouras, Popplewell and Slade struggled against the mountain of adiposity opposing them in the lineouts. Rose did well against the tall man. Howell, Jones and Guppy scavenged and seized whatever loose ball was at their disposal. Selman and both the Lewis boys ran at the opposition and Smith was a revelation. Choosing to live dangerously he would often take the ball at full back and run to the Purley forwards. The latter ground away and secured two tries, one of which was converted.

The Guy's players felt their grasp loosening but some fine defensive play allowed the crisis to pass. Now losing 10-8, they were delighted when Neil-Dwyer eventually secured a third try. A final penalty by Lewis confirmed a well deserved victory. Prof Challacombe officiated with relaxed impartiality as Purley posed rhetorical questions about the rules.

In the bar, Bob Dyer was ginned for being the first Guy's player ever to represent Purley. To gin is new verb and is the vernacular for consuming in one gulp 8 gins mixed with a little tonic. The perpetrator of this reward cum punishment usually stands on a chair, calls for attention and begins a preamble 'It is an Old Guy's tradition that the reward for . . . ' The tradition spans about two years but no matter.

Having taken his liquor like a man, Bob was invited to stand again and accept Purley's gratitude with another generous glass.

Team: D Zangouras, T Gibson, C Howell, M Popplewell, A Slade, R Jones, J Conchie, A Rose, D Guppy, S Lewis, G Selman, J Lewis, J Neil-Dwyer, P Ducket, N Smith.
Ref: S J Challacombe

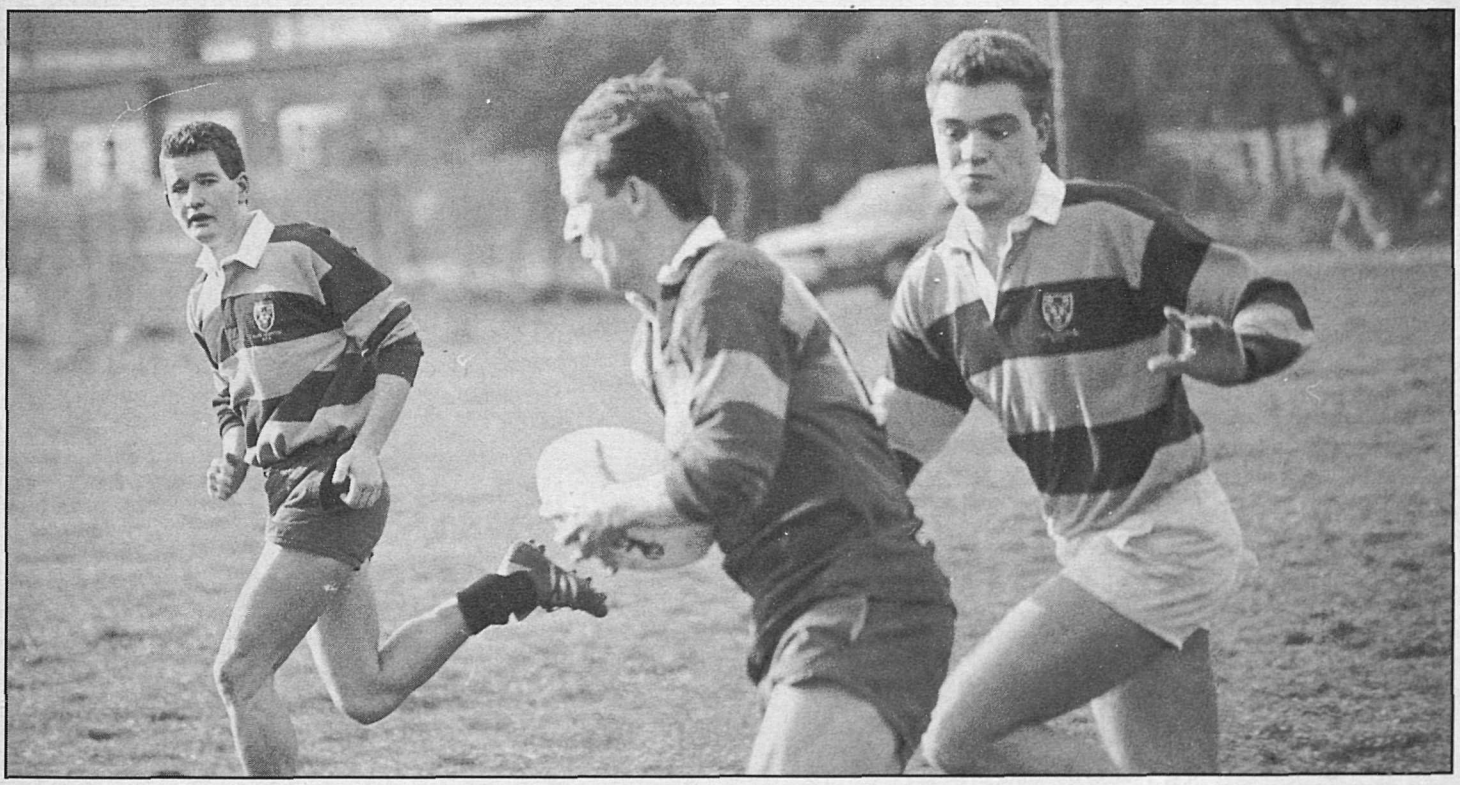

Photo: **Tara Marks**

School office, Guy's campus

The following students qualified BDS University of London in December 1989 and are life members of the Clubs' Union.

ABRAHAMS, Paul
AMIN, Rupal Sumant
ARCHBOLD, Karen Judith
ARMITAGE, Caroline Suzanne
BAHAL, Seema
BELFORD, Simon Charles
BLOOM, Karen Louise
BODEN, Nicola Jean
BOOTH, Darren Quentin
BURRIN, Hilary Jane †
CAMERON, Malcolm Gregor †
CHAPMAN, Rebecca Claire †
CLARK, Gillian Mary ‡
COOK, Richard James †*
COSTIGAN, Lisa Helen
CRAIK, Fiona Ann
DAKIN, Myles Hyla Edward †
DAVEY, Susan Emma Louise
DIEDERICH, Sarah Claire Tracey
DRAGE, Nicholas Anthony ¶
DUFFETT, Gaynor Susan
EDGAR, Jane Emily
EVANS, Susan
FERAN, Koray
FRASER, Julian Simon
GRAY, Rachel Penelope †
GROUT, Trevor David
HABASHI, Nabil
HODGSON, Timothy Andrew †§
HOGG, Natalie Jane
IDE, Mark
KEELING, Graham Roderick
KUMAR, Raj
LIOK, Kay Hin
LONG, Helen Catherine
MANLOW, Christopher John
MANN, Sarveen Kaur
MAYE, Jane Elizabeth
MOLES, David Richard
PATEL, Avni Pravin
PATEL, Neela Thakurbhai
RESHAMWALA, Yasmin
SCHAEFFER, William Edward Lantau †
SINGH, Jatinder
SKOYLES, Howard Simon
SMEETON, Christopher Mark
TELFER, Robert James
TENG, Chia Lin Chialina
THOMAS, Michael Frederick
THOMAS, Peter William Nicholas *
TURNER, Jonathan Winston
VERMA, Sunita
WADESON, Lisa Angela
WEST, Caroline Jane
WILSON, Philip John Binns

* Honours in Pharmacology and Therapeutics
† Honours in Dental Surgery
‡ Honours in Orthodontics/Paedodontics
§ Honours in Pathology
¶ Honours in Prosthetics

DEATHS

RECKNELL Jean (nee Addison) DN, SRN, SCM
General training at Guy's 1930–34. Sister & Assistant Matron of the Kent & Canterbury Hospital and the Royal Free Hospital and then Matron of Guy's from 1953–62. Died at home on 8 March 1990.

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The solution to the first-ever *Gazette* crossword, set by Fris, is given below. The £10,000 First Prize will be sent to the winner, Mr P Frisby.

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T	■	M	■	R	■	N	■	■	N	■	■	E	■	R
8 R	E	S	P	I	R	A	T	O	R	Y	■	9 R	T	A
A	■	■	■	N	■	E	■	■	Y	■	■	T	■	N
W	■	10 P	E	A	K	R	A	11 T	E	■	12 H	I	P	S
B	■	R	■	R	■	O	■	I	■	13 H	■	L	■	P
14 E	B	O	N	Y	■	15 B	A	C	T	E	R	I	A	L
R	■	T	■	■	■	I	■	K	■	A	■	S	■	A
16 R	E	E	X	17 E	R	C	18 I	S	E	D	■	E	■	N
Y	■	I	■	S	■	■	L	■	■	■	19 D	R	■	T
20 N	O	N	S	P	E	C	I	F	I	21 C	■	22 S	P	A
A	■	U	■	■	■	■	S	■	■	O	■	■	■	T
23 E	A	R	■	24 D	U	25 C	T	C	A	L	C	26 U	L	I
V	■	I	■	T	■	T	■	■	■	D	■	F	■	O
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Mr ☐ Ms ☐ Date of birth ____ / ____ / ____

Address _____

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Present or intended qualifications _____

_____

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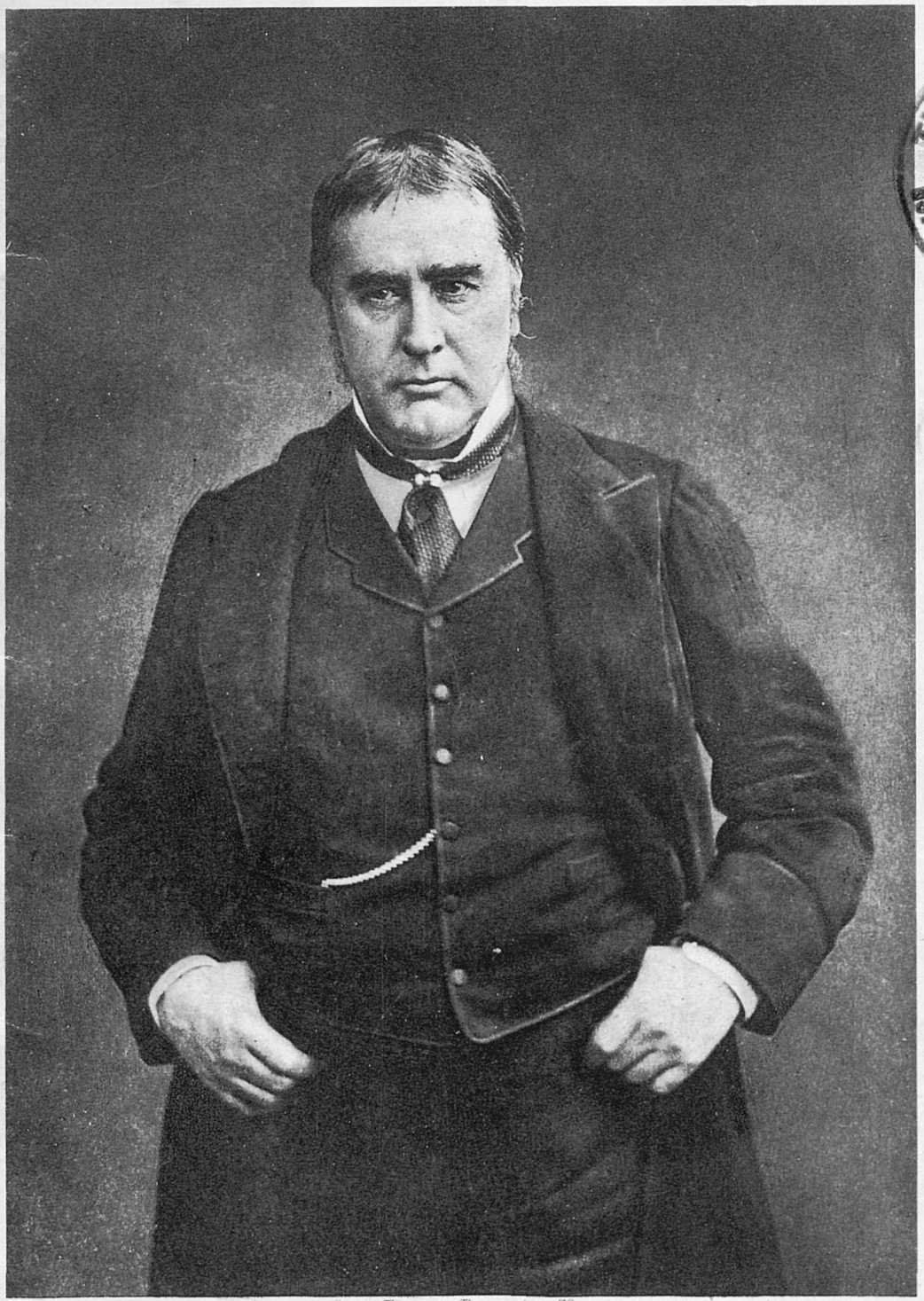
GUY'S GAZETTE



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GUY'S GAZETTE

CONTENTS

69 Passim

70 Letters—Guy's creche latest. More A4 views.

72 News—Tower restaurant to close.

74 Charities Week—Claire Jones reviews Guy's fundraising for the One Small Step appeal.

76 From Daytona to Dentine—Martin Sadler interviews Prof Andrew Lumsden, developmental neurobiologist and ex motorbike racer.

79 Four play—Three Guy's men take on the might of Jesus College Oxford—and win!

80 The Mole Report—in which Mole discovers some giant molehills.

82 Who was Sir William Gull—Dr D C Watts explains.

83 Obituaries—Allan Starte, Colin Adams, Janet James, Lesley Glazier, and Jean Addison.

86 Physiotherapy Notes

87 Nursing Notes

88 Reviews—James Ritchie hears the Mozart Requiem; plus several books.

90 Sport—Boat club regattas. Rugby tour to Ireland.

92 Classified

Guy's Gazette

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Passim

The *Gazette* has received a very pleasing response to its reader questionnaire, with over 240 completed forms having already been sent in, and with the postman bringing one or two more each day. The scale of the response is very encouraging in itself, but has swamped my planned attempt to analyse the questionnaires in a semi-statistical way. I am able here to offer only an impressionistic review of our readers' comments. (Since the *Gazette* staff was boosted last month by three fresher students, who join us with the ink still drying on their UMDS statistics exam certificates, there may yet be the possibility of discussing your responses more scientifically in a future issue).

The 'mean' response was one of broad satisfaction, although this should not be allowed to disguise the very large 'standard deviation' in your views. Inevitably, the most strongly held views related to the new format of the *Gazette*. My foolish omission from the form of a question on this point did not prevent many of you from airing your views, which added up to a vote of more than 2-to-1 against the A4 size. Many of you felt that the new format made the *Gazette* seem more like 'junk mail', with the common complaint that it no longer fitted in a white coat pocket, while one reader was prompted to write 'the new format is truly appalling!! The March 1990 issue is probably the emptiest ever.' Another brought an unanticipated problem to my attention: 'I prefer the old style—easier to keep on the bathroom window sill', while one reader thought the new *Gazette* 'too big to read on the train'. On the plus side, some of you who like the new format hold equally strong views. 'I think the new format is great,' wrote one reader. He went on to spoil the effect by adding, 'Who *is* Mole and Ratty?'. The consensus among those who liked the changes seemed to be that the photographs now reproduce much better, and make the journal visually more appealing. One reader wrote, 'Much improved presentation—still enjoying reading it after 30 years.' Nevertheless, it is clear that the change in format of the *Gazette* has been contentious, and my successor will have to consider whether a return to the old format is called for in future.

Format aside, a number of interesting views on the content of the *Gazette* were expressed. Several readers felt that it had become much too vulgar of late—it would be interesting to know if this view is widely held. A number of you suggested that we should do more to try to contact old Guy's men and women and report on their activities, while there was also the suggestion that we should try to publish reports from far-flung Guy's people. We have already written to a few subscribers in the latter category, but it is difficult to keep up to date with the activities of old Guy's people unless they themselves contact the *Gazette*.

Thank you all for sending in your questionnaires. My only regret is that it seems to have prevented readers from writing letters to the editor.

GAZETTE LETTERS

Shiny Slim Gazette

Dear Sir

I was astonished that you were not inundated with letters regarding the change to the *Gazette* format. I had only not written because I imagined that others would but since this has not happened I would like to express my sadness that the old format has been abandoned.

The old *Gazette* fitted quite neatly into a white coat pocket, for example, was easy to handle and most importantly was different, recognisable and somehow friendly. The new A4 size looks and feels very like all the other shiny slim magazines with which one is inundated and I for one feel much less inclined to open it immediately and read it from cover to cover.

I do hope that you will reconsider your decision and revert to the previous format.

Yours faithfully

CHRISTINA WILLIAMS
60 Regents Park Road
London NW1 7SX

Dear Sir

I read with interest in the April/May issue of the *Gazette*, (Nursing Notes), Denis Cobell's article about a creche at Guy's, I would like to point out that the inaugural meeting about a creche at Guy's was not cancelled. Four meetings have been held since November, only the fifth meeting was in fact cancelled.

It is interesting that despite the continual clamouring for a creche that the largest turnout for any meeting was in fact 22 people of which only one was a member of the nursing staff. As you will know as a result of these meetings the provision of a creche at Guys was raised at the management board meeting and at the present time it is hoped that a feasibility study will be made by an external firm in the next eight weeks. There will be a further open meeting once this has been completed. Anyone who is interested in supporting this venture should contact either Mrs Evadne Cookman ext 3583, Miss Louise Adam or myself in the Ophthalmology Department.

Yours faithfully

MR DAVID CALVER
Consultant Paediatric Ophthalmologist

A4 Gazette

Dear Sir

I am very surprised that you have received only two letters in connection with the new Gazette. Here is a third.

It is, I think, about the most ghastly change you could have thought up. For this reason, therefore, I am sure there is no hope of any think-again.

After 60 years of reading, on the whole, a very well thought-out magazine of Hospital doings, I am suddenly faced with a cheap looking periodical usually found in station book stalls.

But I suppose with the continual loss of Guy's tradition, this is all we can expect.

And after all, I needn't read it!

Yours faithfully

DR OLIVER IVE
Davidson House
Park Crescent
Midhurst
West Sussex
GU29 9ED

The winner of the photograph competition in our last Gazette was Dr D C Watts who receives £5 for identifying the Guy's Tower of Warwick Castle.

Guy's Hospital Gazette Prints

The *Gazette* has produced full-size photo-facsimiles of five pen and ink drawings by Hanslip Fletcher of Guy's Hospital and its environs, on matt-finish high quality paper suitable for framing. Prices include postage and packing.

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'I Didn't know we had one!'

After a gap of nearly three years the medical school has a new anglican chaplain—the Reverend Peter Haughton—who joins his Roman Catholic colleague Fr. William Hebborn, to form an ecumenical chaplaincy to UMDS.

In general terms the Chaplains will be working at four different levels, though the order in which they are discussed is not an indication of their importance.

First, Chaplains have a responsibility to support and encourage the Christian community within the medical schools. Christian medical students will, in all probability, find themselves confronted in their training with a number of issues which will not fit into a neat theological framework, and this can have a profoundly disturbing effect. Thus a good amount of our time will be spent helping individuals to maturity by encouraging critical dialogue over these new experiences and ideas and discussing how they relate to our faith and spirituality rather than a retreat into defensive Christian dogmatism.

Secondly, the Chaplains will be available to help those students who are not Christian, but who wish to examine seriously the claims of Christianity.

Thirdly, the Chaplains are available to be of help to any members of the medical school at times of need and excessive stress. The Chaplains can be consulted in confidence, and are another source of help, independent from year tutors, student health centre, and personal advisers.

Fourthly, the Chaplains are concerned with the life and purpose of the medical school as an institution. The Chaplains stand outside the 'establishment' and can question assumptions made by those engaged in its day-to-day running. This is particularly true in a single-faculty institution where its assumptions and ideas are not challenged to the same degree as in a multi-faculty institution. The Chaplaincy can provide opportunities to explore informally issues that cannot be discussed in the same way within the structure of the medical course.

Finally, we look forward to meeting you on our 'rounds' and would be glad to hear how best we can be of use.

[William is at Guy's on Wednesdays and St Thomas's on Mondays; Peter is at Guy's on Mondays and St Thomas's on Thursdays]

Barber shop septet

Those fortunate enough to find themselves in Boland House on the evening of Friday 27 April were treated to a free evening of musical entertainment and refreshment, courtesy of Jamie Barwell, Hugh Herzig and friends. The event was held in the south common room on the first floor of Boland House, and began with a set of jazz songs performed by Hugh Herzig's jazz band. Such was the infectious liveliness of their performance that the room was soon filled with deserters from the bar, who enjoyed a foot-tappingly good rendition of several well-known jazz numbers.

When the jazz men took a well-earned rest, the floor was taken by a barber-shop septet of Jamie Barwell, Charles Peebles, Charles Hardingham, Jim Brooker, Nick Caton, Ben Stanhope and Duncan Johnson. They sang a series of well-rehearsed and entertaining al capella numbers, of which your reviewer's favourite was 'My Eveline'. Their performance was the fruit of several months of diligent practice, largely motivated by the untiring enthusiasm of Jamie Barwell.

Overall the evening's entertainment, which was completely free of charge, certainly lived up to the hospital's motto of *Dare quam accipere*.

Dowsett portrait

A pleasant ceremony took place in the committee room on floor 27 of Guy's Tower on Tuesday, 3 April when a portrait of the late Colonel Ernest B Dowsett, DSO was unveiled and presented to the dental school by Dr P R Wilson, the stepgrandson of the late Colonel Dowsett.

Colonel Dowsett, a dental and medical graduate of Guy's, was on the dental staff from 1910–1935. He came back from retirement during the second world war to help with the teaching in the dental school. He was for many years chairman of the Dentists Provident Society and they commissioned his portrait which was presented to him. After the death of Colonel Dowsett's wife, his family decided that it should be returned to the Dentists Provident Society. However, the society considered that since Colonel Dowsett had worked at Guy's for all his professional life the portrait should be given to Guy's and it now hangs in the committee room.

Generations of students before the war and during the war remembered him with great affection not least for the excellent little book *Dowsett's Notes* which was essential reading for finals.

A full obituary of Colonel Dowsett appeared in the *British Dental Journal* in 1951, Volume 91 Pages 306–308.

A H R Rowe

The portrait of Col E B Dowsett

Phase III

Work continues, and from May will mostly be on the substructure to the new building. This will mean connecting Wolfson House and the swimming pool to the main site by a walkway.

Going green

The SETRHA is to receive more than £600,000 as part of a new DoH campaign to make hospitals more aware of environmental issues and energy conservation.

Blues Committee

The Blues Committee will be meeting at the end of June to award both half and full blues to members of clubs on the Guy's campus. Any club captain wishing to nominate members for an award should send their nominations with suitable covering letter to the secretary of the Blues Committee at the department below by the *21 June*: Mr M J Gleeson, Secretary of the Blues Committee, Moorgate Laboratories, Dept of Surgery, New Guy's House.

Retirement

Miss Susan Westbrook, director of nursing services at Guy's, recently retired. Her nursing career in the NHS lasted for 36 years with the last 11 at Guy's. (See also Nursing Notes in this issue).

Lewisham Hospital

Falling property prices have set back Lewisham hospital development plans back by a year. Phase II of the hospital's redevelopment programme was due to start this year. However, SETRMA has taken the scheme out of its programme because it cannot find £177,000 for initial planning and engineering work.

Sydenham Children's Hospital

Health secretary Kenneth Clarke will decide the fate of Sydenham Children's Hospital next month. If he opts to close the already cash-starved hospital, patients 'Watchdog' bodies warn that there will be no emergency services for children from Lewisham and Guys to the south coast.

Staff restaurant

The Tower restaurant will close in January 1991. Temporary facilities will be made available. These will include a coffee lounge facility in the dental areas of the Tower and a trolley service on the dental floors. The coffee lounge area in the nurse's home will be expanded into a dining room. There will also be additional vending services in the nurses home for out of hours use.

Election apathy

Polling in the election for the post of United Clubs president has had to be extended in order to build up enough votes to achieve a valid result. The likely winner is Richard Russell, a medical student in his first clinical year. The poor turnout for the election might be viewed as unsurprising, given the almost total lack of any advance warning of the polling, and the absence of any presidential campaigns by the candidates, whose likely policies remain shrouded in mystery. It is not clear whether the apparent political apathy of Guy's students will allow their fellows at St Thomas's to dominate future elections in the truly united UMDS.

UMEG

The UMEG 1989/90 Series of six symposia on topical issues in medical ethics finished in May. Audiences ranged from forty to over one hundred and twenty. A new symposium list will be available from August 1990. Anyone interested in helping to run the group should leave a message in the UMEG pigeon hole in Boland House at Guy's Hospital, or on the notice board in Thomas's House at St Thomas's Hospital.

Spring Ball

June 23 will see the Riverside Ball at Hays Galleria. Money raised will be shared by the Buxton Hicks Fund and the XIIIth Transplant Games.

KPA

Guy's Kidney Patients' Association is running a £1m appeal for a new kidney unit. To date they have raised over £430,000.

Helicopter ambulance

Despite its great success, money for SETRHA's helicopter ambulance does not seem to be forthcoming. Services will probably end before the end of the year.

Rentacrate Appeal

Rentacrate, the UK's leading container hire specialist, has launched an appeal to support the Guy's Hospital One Small Step Appeal. Rentacrate has donated £500 and staff have raised £300, with the company pledging £1 for every pound raised by staff. Overall, One Small Step has already raised £400,000 towards it target of £1m for a new laboratory at Guy's, treating children with cerebral palsy from all over the UK. The laboratory will bring new surgical techniques already being practised in America to London.

Raffle raises £1,000

Rosa and the staff of the nurses' dining room would like to thank all their customers who supported their Easter raffle. The raffle raised over £1,000, which was presented to Sir Philip Harris. The money was divided between various charities as follows: £500 to sponsor a cot, £100 to oncology, £150 to geriatric services and £100 to guide dogs for the blind. The dining room staff would also like to thank Mr Bailey from Jamaica Road, who donated 100 Easter Eggs at cost price and delivered them free of charge.

Charities Week 1990

Experienced by Claire Jones

This year Guys Charities Week, which ran from 31 April—5 May, was in support of the One Small Step Appeal.

As usual, events were run by the second year students, who enthusiastically threw themselves into organisation in a desperate attempt to avoid introductory pathology.

Street collections in greens were held every day, with the largest turnout being on Wednesday. Public response to the collections was fairly good but dwindled as the week progressed. The additional presence of London Hospital collectors, who made secret forays onto our patch, did not help.

As usual, the Hit Squad haunted the Spit all week and many unsuspecting people found themselves smelling a little unpleasant. A popular addition this year was the Skip, where victims took a lovely cool swim in only the Hit Squad knows what!

Evening events kicked off on Monday with a Blind Date, cabaret and slave auction. The show was hosted by Elliot Smith, whose enthusiastic portrayal of Cilla Black left many second year women (including myself) wondering where he buys his clothes and why he has better legs than they do. When asked about his legs, Elliot would only say, 'Yes, a lot of people have told me that.'

The slave auction got off to a slow start but soon picked up as everyone tried to outbid Jez, who seemed determined to buy every woman on the stage—and probably a lot of those in the audience as well. Bidding reached a peak with the inspired (and very brave) performance by Claire Touque and Ruth Prosser, who eventually went for £100.

Tuesday night's entertainment consisted of a *Blues Brothers* video and inflam, when dark glasses and black hats disguised many a shady character.

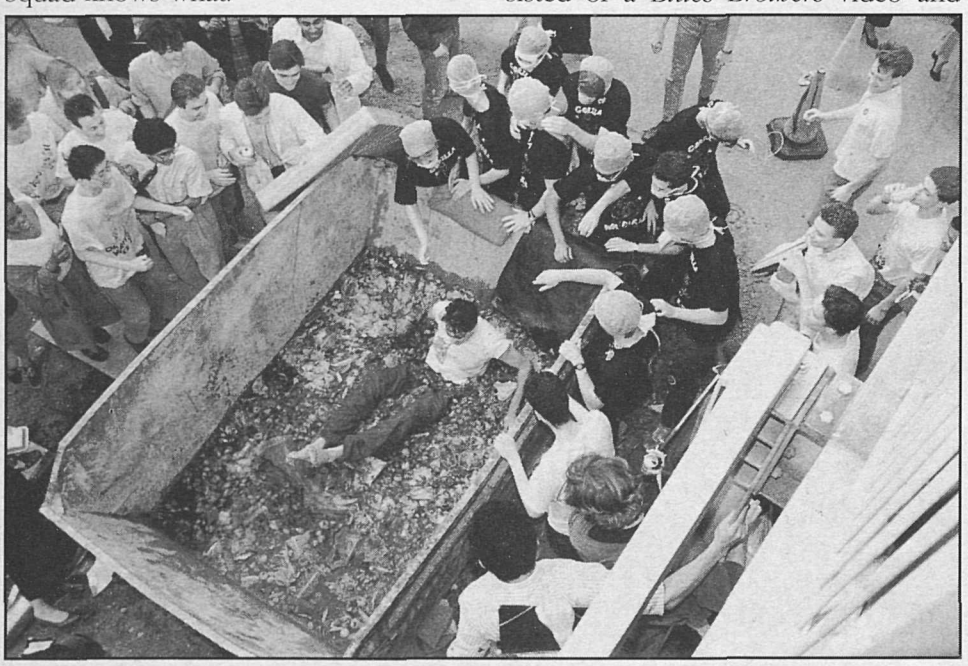
Wednesday saw the traditional real ales and pasta eating. Once again, new depths were plumbed in areas of good taste and table manners and the shovel approach to pasta eating was eagerly demonstrated. Boat races were held, the first being won by the rugby team (surprise, surprise), who then met their Waterloo at the hands of 'The Best of the Rest'.

Thursday saw the barn dance, which began slowly but then became one of the most popular events of the week. Dedicated barn dancers were out in force and the less skilled made up for flat footedness with an enthusiasm which provided an endless source of amusement for the bar staff.

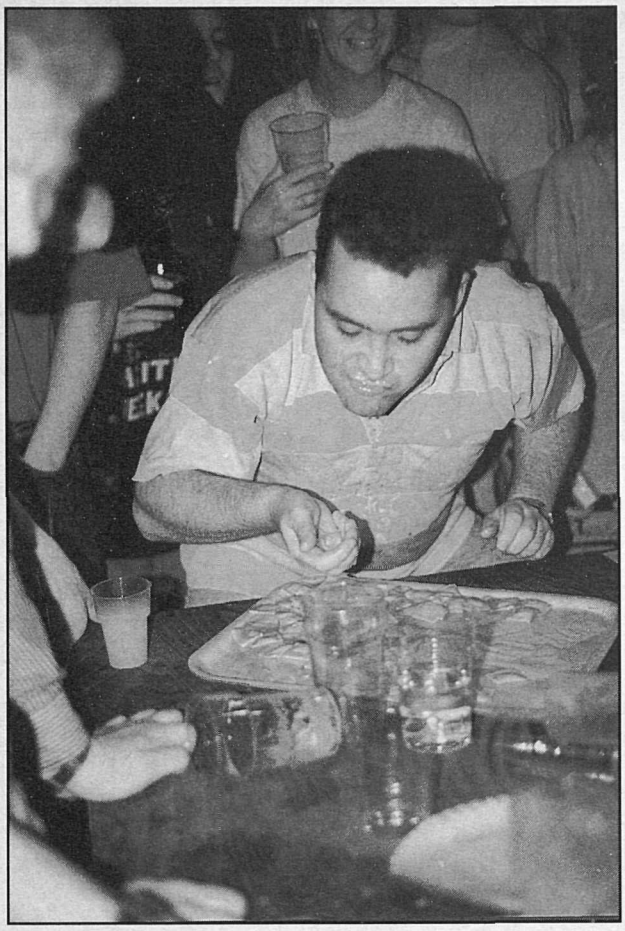
Events at Boland House culminated on Friday night with a hop and live band. The evening was very successful, with the Diamond White promotion going down quite well and a lot of money was raised at the bar.

The week ended on Saturday night with jazz and cocktails at the Hop Exchange. Unfortunately, due to last minute licensing problems, all drinks had to be taken to Boland House and given away free. However, people on the whole took this very well and the latter part of the evening was a great success. Even representatives from The Other Place in Lambeth were very understanding and gave me their word not to devote more than an entire issue of *Thomasman* (*what's that?—Ed*) to our problems.

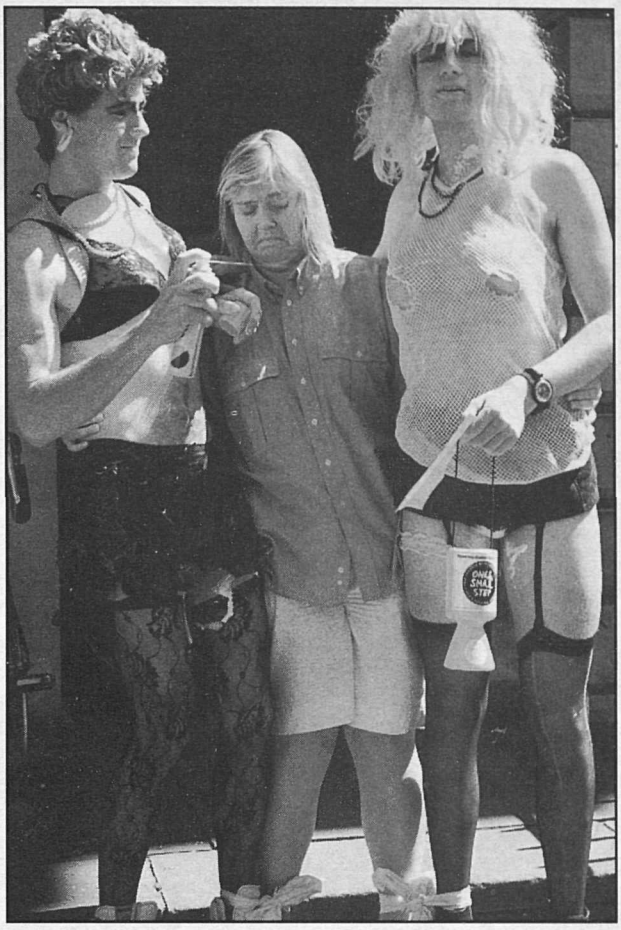
The end of the week has seen the complete mental and physical collapse of the entire second year, who are using this excuse to explain why they *still* haven't gone to Introductory Pathology.



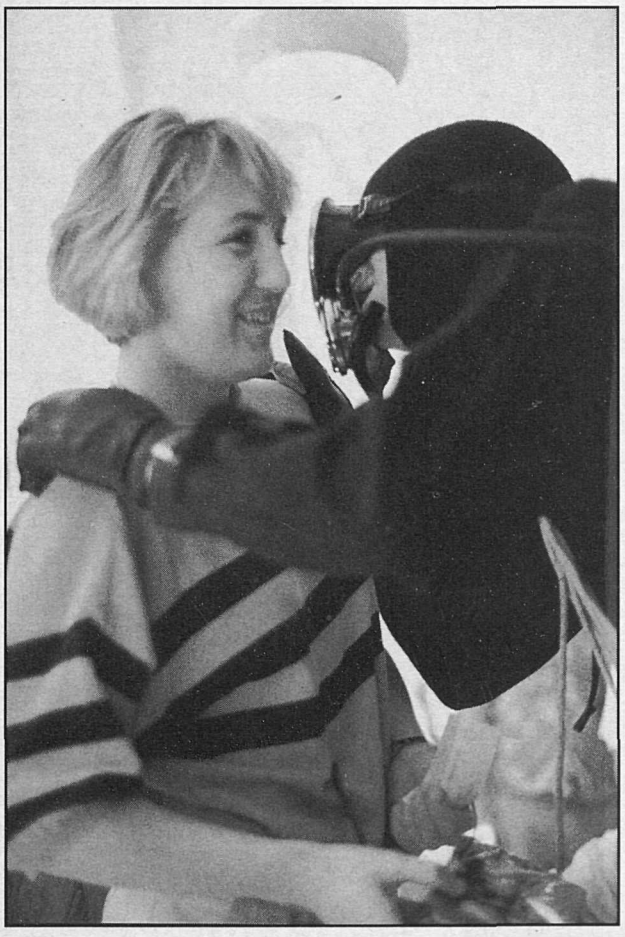
Let's skip the news editor.



Being a glutton for charity.



'And modelling our spring–summer range . . .'



'If I kiss this frog, will it turn into Phil?'

Final totals are not yet available, but estimates put the amount raised so far as approximately £38,000 and the committee would like to thank everyone who helped make the week such a success.

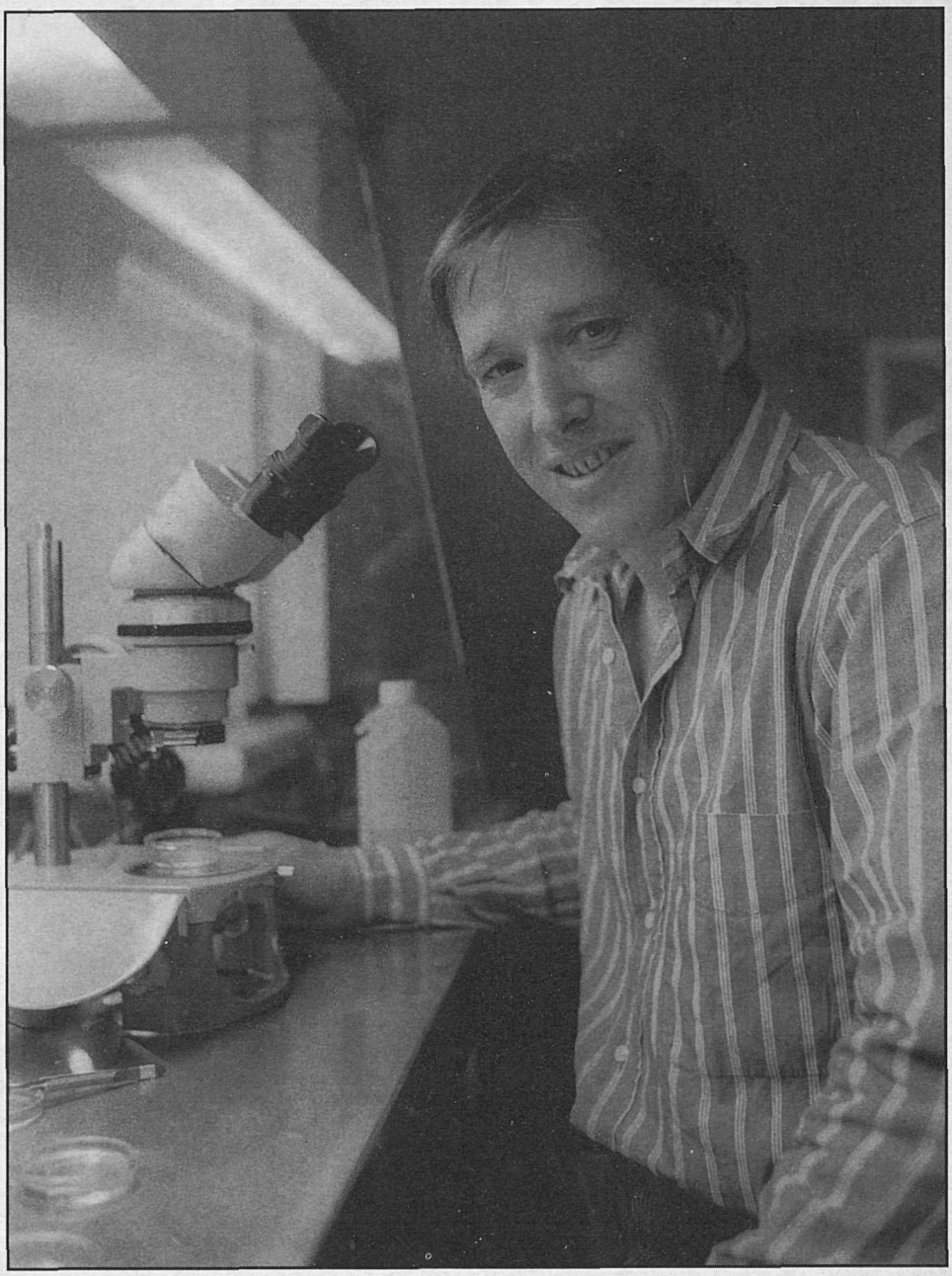
From Daytona to dentine

Anatomy professor and motorbike racer Andrew Lumsden talks to Martin Sadler.

Occupying what was formerly Community Medicine before they moved to the Porta-kabins, are the laboratories of Professor Andrew Lumsden. Part of the £4 million refit of the medical school, they contain the highly specialised, and expensive, equipment necessary for research work into the developing brain. Professor Lumsden has been at Guy's since 1971 and was formerly reader in craniofacial anatomy in the unit of anatomy in relation to dentistry, before gaining a personal chair in developmental neurobiology in December 1989. To find out more about Guy's newest anatomy professor, and erstwhile motorbike racer, I arranged to meet Professor Lumsden in the Boland House bar.

I began by asking Professor Lumsden how his research interests began. 'I learnt how to work independently and to be self-motivated at school. I wanted to do botany and zoology A-levels, but the school biology teacher couldn't run those courses so I had to teach myself from textbooks. I worked my way through them in a systematic manner, searching for and studying all of the plants and invertebrates covered in the books. Having to teach myself in that way, I think, was an invaluable grounding for my future work. I then went to Cambridge to read natural sciences. There, my college supervisor was Sydney Smith, and his tutorials further encouraged me in my preoccupation with the relationships between ontogeny and phylogeny. He was a person who, while doing very little research himself, was very up to date with research in the field of experimental embryology and could project his own enthusiasm for a subject in his teaching.

'After graduation I had a choice



Professor Lumsden poised at the laminar flow cabinet.

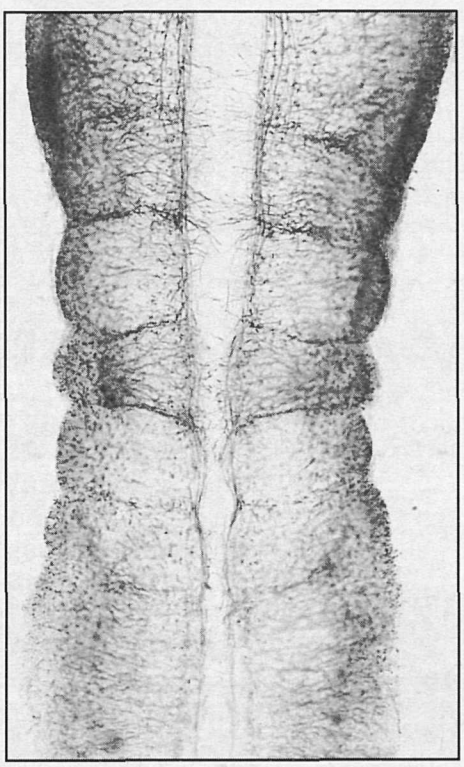
between staying at Cambridge or going to America on a five year Fulbright Scholarship to Yale. This was to do a PhD in evolutionary biology. With the advantage of hindsight I realise now that I made the wrong choice when I decided to go West, at least from an academic point of view. After two years I gave up the unequal struggle and dropped out.'

Why was that?
'It was a combination of factors. Mainly my heart wasn't in it. The year was 1969, almost all of my fellow graduate students were dodging the draft for the Vietnam war, and almost everything else seemed more important than reconstructing events of 200 million years ago.'

What did you do?
'Rather than switch back to what I should have done at the outset, developmental biology, I exploited my third interest, motorcycles. So I worked at a motorcycle shop—illegally since I didn't have a work permit—fixing Triumphs. At the weekends I used to race motorbikes, mainly in Canada, but also at Daytona and other places in the States. In fact, I managed nearly to kill myself in an accident at Mosport Park in Canada. I remember a painful journey back across the border to get medical treatment since I didn't have any medical insurance in Canada.

How did you get back into research? There's a rumour among dental students that you were discovered pumping gas in Santa Fe.
'Yes, it's about time that one was put to rest. Actually, while I was still at Yale, a visiting professor, Jeff Osborn from Guy's, came to work on the evolution of mammalian dentitions—which was the subject of my aborted research project. We met and discussed regularly and he said that if ever I went back to England and needed a job to look him up. Some time later I was finally 'invited to leave' America, because they discovered that I was working without a permit. Back in England, my wife, Anne, whom I'd met at the bike shop, saw an advert for a part time junior lecturer at Guy's in the unit of anatomy in relation to dentistry. It turned out to be Jeff who was advertising and I got the job. That was in 1971.'

Did you enjoy teaching?
'Yes, and I still do, especially teaching BSc and PhD students. But even with BDS students there is the opportunity to discuss the latest advances in a subject and to keep students fully up to date. This tends to make special dental anatomy more interesting than presenting the well established foundations of other preclinical subjects.



Chick rhombomeres showing neurite outgrowth.

Each year of dental students is different in their approach to the subject. Like wine—there are good years and bad years, and probably years that are best left in a dark place for a long time. Students can always be relied upon to ask the unexpected, I remember once in a tutorial, one fellow asked me why he had to learn dental anatomy!'

And what of the research, how has that progressed?
'Initially, I worked on the developmental controls of tooth number and shape. These were Professor Osborn's interests. Arising from this I became interested in tooth innervation and axon guidance. Using trigeminal nerve ganglia in tissue culture experiments, I discovered a chemoattractant factor, a diffusible molecule which, as the name implies, attracts growing axons. Much of this work was done with Alun Davies who was then my PhD student. The maxillary process of the mouse embryo, which is where the whiskers develop, turned out to be a potent source of chemoattractant for sensory neurons from the trigeminal ganglion, which we called Max Factor. Much of

'Guy's has an outmoded attitude to research'

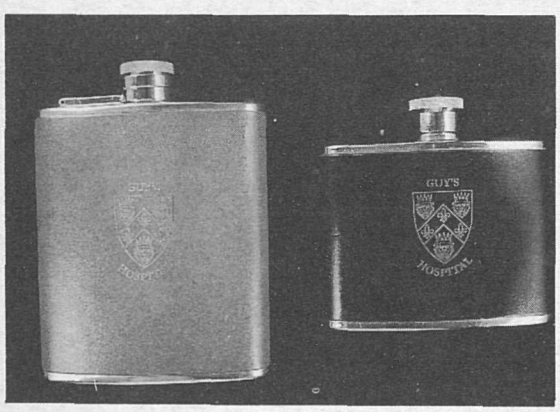
my subsequent work has been to try to elucidate the way in which nerves find their targets and how complex axonal paths are defined during development. Most of this work is done using tissue culture since these events occur at very early stages of embryonic growth. Indeed, it is really only over recent years that sufficient technology has been available—the monoclonal antibodies and molecular biological techniques—to enable progress in this field.

'Since 1986 I have been working in collaboration with Tom Jessell (of the Howard Hughes Institute, New York) and Dennis O'Leary (of Washington University, St Louis) on chemotropic factors other than Max Factor. Dennis and I are working on the development of corticopontine projections. There are a number of possible ways in which corticopontine connections could be established. What we have found is that rather than fibres growing directly from the cortex into the pons, the pons produces a chemoattractant which causes the production of collateral branches from passing corticospinal fibres which have already developed. In the case of the visual cortex, once these collateral branches have established contact with their pontine targets the existing distal projections of the corticospinal axons degenerate leaving them as corticopontine fibres.

'One of the most exciting areas in which I am working, and one which now occupies a large proportion of my research time, is the role of segmentation in the early patterning of neurons in the developing brain. The role of segmentation in the patterning of insects, such as the fruit fly, is well established and many of the genes responsible for it have been identified. However, segmentation also seems to play a part in the development of the avian and mammalian brain where hindbrain structures, such as the reticular formation and cranial nerve nuclei, all begin in segments, with many similarities of those of the fly. It is because of the enormous complexity of the final result in the mammal that the initial segmental nature of the brainstem has been obscured. I am currently trying to define the molecular events behind this partitioning.'

Finally, do you think that it would have mattered where you worked?
'Yes, definitely. Guy's is a very good research environment. Things are changing, but in many ways Guy's has adhered to what is now considered an outmoded attitude and allowed scientists to be free to pursue their research interests rather than closely constraining them to a particular path. Guy's has always offered a secure atmosphere and enough baseline funding to keep people going in research despite the prevailing emphasis of outside funding bodies. Freedom to pursue an idea seemingly unrelated to the main thrust of a research project can sometimes produce a breakthrough.

Guy's Hospital Gazette



Have you been feeling cold watching the rugby match? Was there a chilly wind on the towpath? What you need is a Guy's Hospital hipflask. Available from the Gazette office, these attractive flasks are made of stainless steel, and bound in real leather, bearing the Guy's crest. They are available in maroon, royal blue and black. The cost is £10 for the 4 oz flask and £15 for the 6 oz.

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Four Play

Guy's men form satellite team

Brahms, rugby union, portraits or the decade? Which would you pick? Team captain Andy Ustianowski picked his nose, and with this destroyed all our efforts . . .

10 March, 1990

12.00: Andy U picked the letter from the bin in which it had been filed by Zaheer. 'Wanted', it read, 'three challengers to find the greatest intellect in the land'. The choice was obvious, and so it was that Andy, Paul Frisby, Martin Fisher and a skull called Socrates (who made up the fore) began their quest for satellite television stardom.

21 March, 1990

05.30: Alarm clocks are thrown to the floor in Ladywell, Brockley and Bermondsey. Armed only with a 1979 edition of Pears' 'Cyclopaedia, our fearless band of intellectual crusaders ventured North, further even than the outer reaches of the M25.

11.00 am. Arrived at Granada studios, Manchester.

12.00: The first round. The team completes an entrance exam and demonstrate their knowledge of the birthdates of eighteenth century artists but their complete ignorance of North-East England.

13.00: Tragedy. Our Quixotic quartet is drawn against one of the hot favourites—Jesus College, Oxford—who have selected their multi-disciplinary team from two hundred applicants!

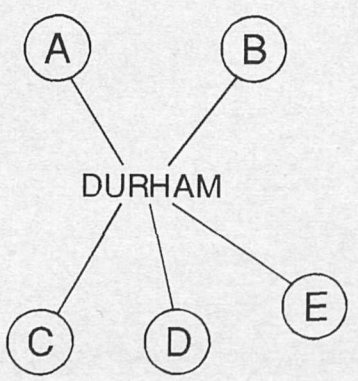
13.30: The Granada make-up staff are tested to the limits of their abilities in trying to make our team look remotely attractive. They failed. Luckily the other team were **really** ugly.

14.00: Round 1. Lights, Cameras and Action! The teams present their exam papers—Guys lie a mere 5 points ahead. In the next round Guy's were forced to choose between the specialist subjects of geography, food and drink, music or medicine. After a long period of discussion they risked the latter, but fell right into the trap—the category was alternative medicine. Radionics and acupressure were not on our syllabus or had that been a 9 o'clock lecture? With egg on our faces we plumped for 'Drink and Food'. (Spot the joke? No, none of the audience did either) but Frisby, who likes it hot and is a life-member of the Curry Club, incredibly did not know the Indian phrase for lentils—calida amant egregii, of course.

Round 3. Now ten points adrift our brave boys falter in the individual rounds. Andy had never heard of a macaroni penguin, and Martin had the mick taken (since when was Crocodile Dundee's first name been Bruce, Martin?)

Could you have done better?

1. No longer a rock fan.
   4, 3, 20, 3, 18, 1, 21 20, 8, 18, 5, 3, 4, 1.
2. Fogey fires whore and makes a politician.
3. a Marching town?
   b Short plane.
   c Mitred New Zealand city.
   d Stevenson's eastern railway terminus.
   e Racey town.



Round 4. Having regained a five point lead Frisby draws the short straw and is hermetically sealed into a soundproof booth. He faces a barrage of cryptic conundrums with negative marks for wrong answers. It's a nail-biting finish and the lead seems to change hands with every question, but Fris wins the match with the final solution. Jesus College were wrecked and so were Guy's in the Rover's Return shortly afterwards!

31 March, 1990

16.00: 'Can't pay, won't pay', the boys shout as they leave the train for the quarter finals. Expenses already overspent, but who cares, it was a great pub!

Manchester's biggest bottle bar was conveniently sited in the basement of our hotel—but was this the correct preparations?

1 April, 1990

12.00: Martin's origins turn up trumps but Harold Wilson's birthdate eluded us.

16.00: Despite improving on our first round score from last time, we are still 15 points behind our new opponents—Exeter College, Oxford. (Is this a vendetta?) The next two rounds do not warrant further mention as we only answered one question correctly! Facing a near impossible mission of retrieving a 55 point defecit, Frisby (Weetabix in stomach) struggled manfully in the booth and regained our pride, if not the points. They may have been brainier but we were nicer!

If you want to see our success in the first match too bad, it's already been broadcast. The titanic struggles has not been consigned to oblivion, but will be shown in the bar at a later date.

Paul Frisby
Andrew Ustianowski
Martin Fisher

Mole Report

In which Mole discovers some enormous molehills

It was time, thought Mole, to inform interested readers of the happenings that have taken place in the Park and its surroundings. The serenity of the place, so conducive to the recovery of the sick and maimed, has never returned to normal since the emigrating starlings took their din elsewhere. It was reported at that time that their disappearance was encouraged by a man employed to imitate the cry of a distressed starling. This visiting siffleur was so successful that rumour has it that a rep from the Elephant copied this technique and declaimed 'ultra vires' but managed to make it sound like a dropped clanger. From then onwards, the cacophony of bulldozers and pneumatic drills has been a constant feature which old alumni will recall produces ideal conditions for the practice of medicine under battle conditions. Once more, the hospital grounds have been transformed into a building site, and Mole and his young friend, Ratty, have declared it to be a Hard Hat Area.

'. . . knocked down some of the walls with a battering ram . . .'

The demolition of Smith's bookstall, prior to its rebuilding, has been a slow process. When first built, in 1949, the intrusion into the grounds of a structure devoted to private enterprise caused much controversy. It was disapproved of by many and a senior physician at that time required several trinitrin tablets to enable him to walk past it; also, its construction was temporarily delayed when some misguided housemen, after a residents' party, accidentally knocked down some of the walls with a battering ram. Mole regretted that these gentlemen were not called upon to speed up the process some forty years later.

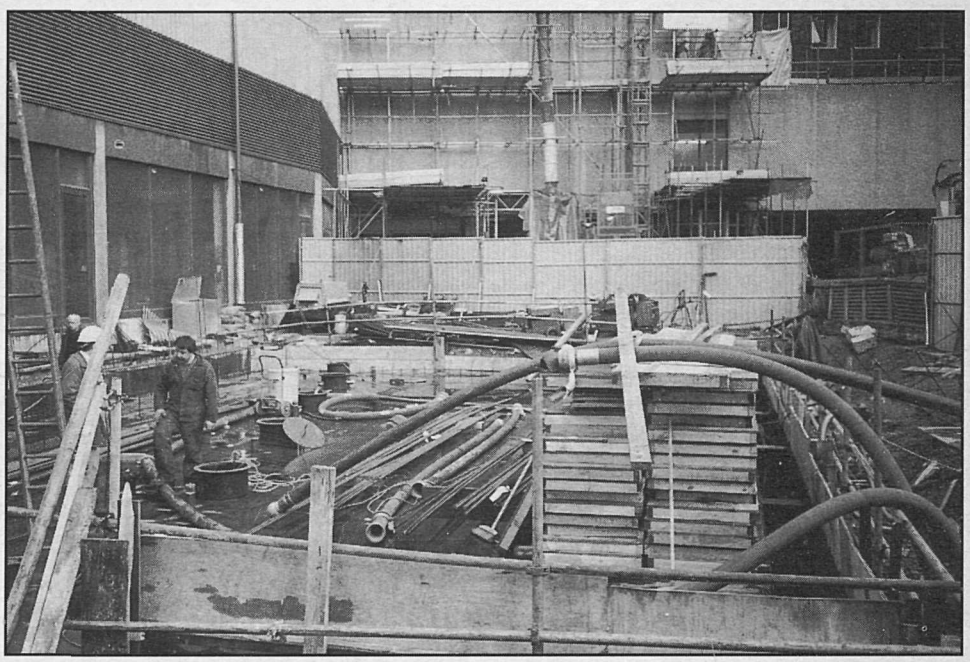


Fig 1 Mining operations at the Tower.

Fig 2 Caution! Moles at work.

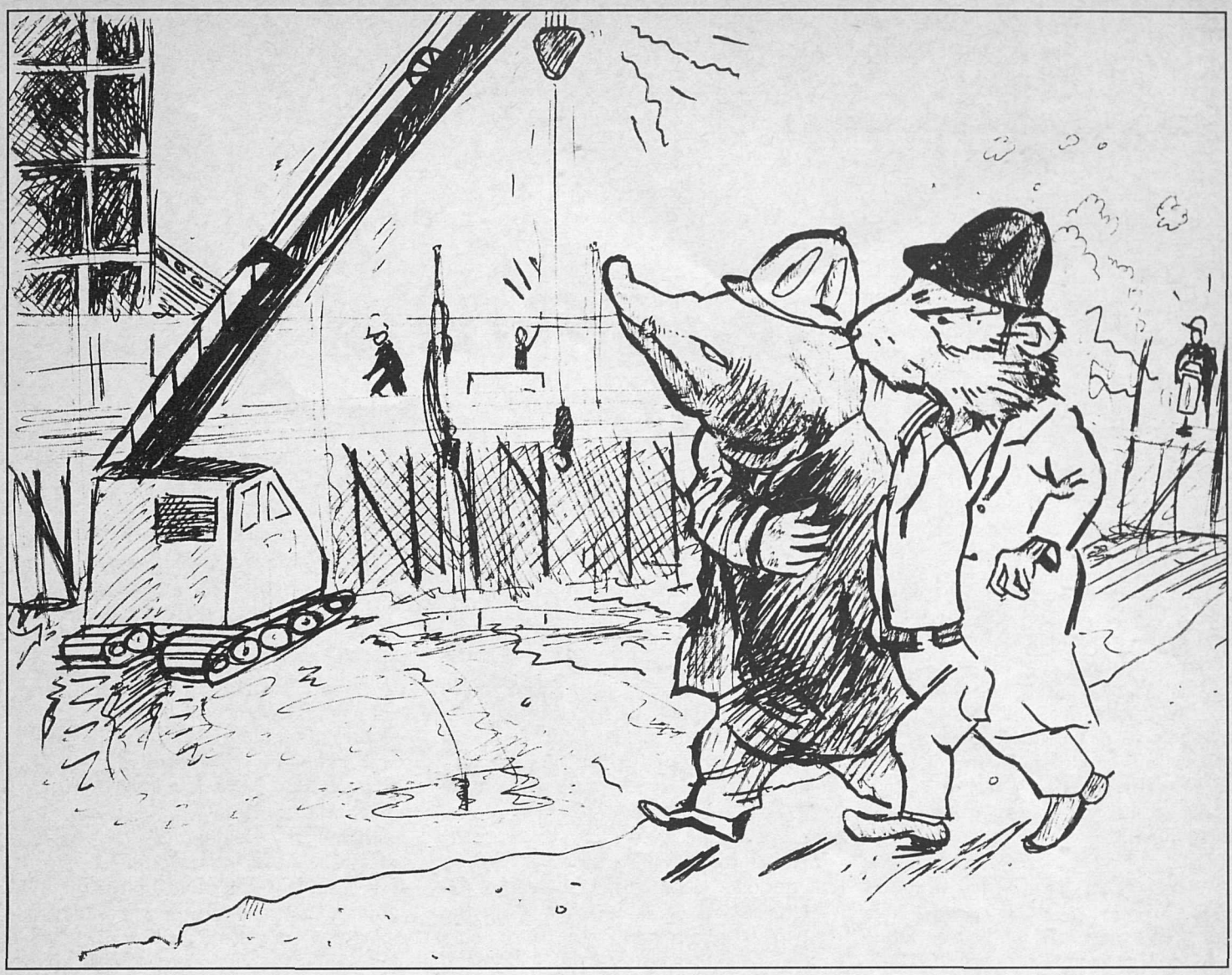


Fig 3 Mole and Ratty survey the ruins.

Those used to drilling into cavities on the top ten floors of the Tower would now strike it rich if they tried the area twixt Tower and New Guy's House, for a very large hole has been dug and very large tanks inserted to accommodate oil to fire the boiler house (Fig 1); at a higher level, a filling has amalgamated the Tower and New Guy's to form the new renal and tissue typing Unit (see also Fig 1).

In front of the Tower, some gigantic Mole hills have appeared (Fig 2). These are the result of excavations in preparation for the foundations for the new Medical Block and Outpatients. At the bottom, the archaeologists have identified a dock dating from Roman times (Fig 4) and, for those interested in such personal touches, this is where Ratty's grandfather $\times 10^9$ used to besport himself on the river bank. Do things really change, asked Mole?

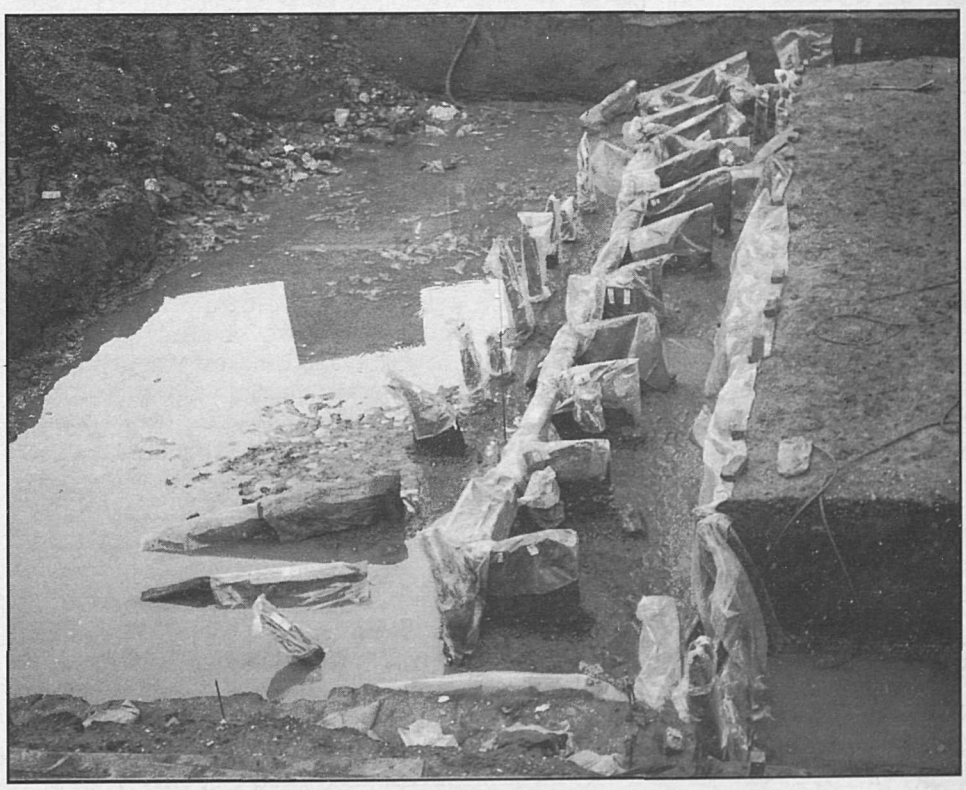


Fig 4 Guy's during Roman times.

Who Was William Gull?

Dr D C Watts elucidates

The naming of hospital wards is always a profound mystery to the uninitiated unless, like Addison or Bright, they happen to have an association with a universally known disease. It is with some pleasure, then, that we should observe that 1990 is the centenary of the death of one of Guy's most successful physicians from the Victorian era, Sir William Gull.

William Withey Gull was born on the last day of the year 1816, probably on a Guy's estate at Thorpe-le-Soken, which was then, and still is, a secluded Essex village near Walton on the Naze; it was one of a considerable number of rural properties bequeathed to the Hospital. His father, a barge owner and wharfinger, died when he was ten years old and he was brought up by his mother, helped by the local vicar, the Rev S Seaman. Accounts of his youth say, variously, that he either taught at the village school or at Lewes or became an usher at a school in Bermondsey! Either with, or without, the help of the aforementioned vicar he was discovered by Benjamin 'King' Harrison, the despotic Guy's treasurer who became renowned for off-the-cuff appointments of talent that took his fancy. Gull was offered the post of clerk in the counting-house together with the advice 'If you help yourself, I shall be able to help you'. His first duty was to copy out, in a fair hand, the catalogue of Guy's museum that had been prepared by another illustrious (but unrewarded as a ward name) Guy's physician, Dr Thomas Hodgkin. In 1838 he matriculated at University College, known at that time as the University of London. Whereupon, the 'King', good to his word, arranged for him to be appointed 'a perpetual student of medicine'. Three years later Gull passed the MB degree and, in 1846, was awarded the MD (a University rather than a College award), becoming the first of many gold medallists to emerge from Guy's.

About this time he was appointed to a resident office in the hospital and lived in one of the hospital houses in King Street (now Newcomen Street). His duties were multifarious and he visited the wards once or twice a day and became a great friend of the pharmacist, the younger Stocker whose father had become the first Dean of the Medical School as well as being the hospital pharmacist. Gull also succeeded Dr Golding Bird as lecturer in natural philosophy, teaching physics as well as physic! Today's medical students might like to note that even in those days a thorough preliminary grounding in scientific subjects was considered as the best preparation for becoming a physician.

'. . . a fistful of honours . . .'

Dr Gull's progress to become a full hospital physician was, by now, to be expected but he also held the lectureship in physiology, which included pathology, in the medical school for ten years and became the Fullerian professor of physiology at the Royal Institution in 1847–49, a reflection of his skill in making a complex subject comprehensible to a lay audience. Like most of the Guy's senior staff at that time he became a fellow of the Royal Society but with the added honour of serving on its Council. Perhaps even more remarkable, he became the first medical graduate appointed to serve on the senate of the university of London as well as, among a whole fistful of such honours, becoming president of the clinical society and presenting one of the prestigious Harveian Lectures of the College of Physicians. When one reads of these achievements, his skill as a teacher and his considerate attitude towards his patients, it is hard to believe that this self-confident and sometimes pompous man was not always tolerant of his medical peers and companions and was not, in general, considered as a good committee man; this is said to have barred his election to president of the College of Physicians. One account likens his physique to that of Napoleon I and implies that he had a temperament to match! Whatever the truth of the matter he seems to have been much loved and greatly appreciated by his patients and students alike.

The most exciting of Gull's numerous research achievements are summarised by Guy's physician (1885–1919) and historian, Dr Hale White who wrote 'His work with Dr Sutton on arteriocapillary fibrosis still attracts attention; he demonstrated that his cases of rheumatic fever did as well on mint water(?) as did those who were treated with the remedies then in vogue, he discovered myxoedema and showed that it was a cretinoid state supervening in the adult, he was the first to differentiate anorexia nervosa, he was the pioneer in diseases of the spinal cord, he described the result of thrombosis of the mesenteric artery and gave the earliest accounts of fatty diarrhoea associated with disease of the abdominal lymphatics'.

At that time a doctor felt that he had to be seen to be doing something for his patient and thereby earn his fee. There was a general tendency towards . . . when in doubt use bleeding, blistering, purging and physicking (the excessive prescribing of medicines). Gull eschewed all this. No less than students of today, he was a great exponent of what has been attributed to the French clinical school, the minute

and thorough examination of the patient. Further, he was among the first to appreciate the body's great power of self-repair and that the physician could best help by promoting the ambience in which this could occur. Thus we are told of an occasion when he was called to treat a headmaster of a public school who had pneumonia. He noticed that although the weather was cold there was no fire in the room, contributing to the coldness and sleeplessness of the patient. He calmed the headmaster's half-hysterical wife, ordered a fire to be lit and prescribed a grain of opium that night. The patient slept well and made a full recovery. In the same way he rejected assurances that a patient in a condition of hysterical mania, as demonstrated by the smashing of valuable glasses, had been possessed of a brain fever for several days. 'Break some more balusters if you like' Gull told him. 'You will get quite well'. As he came away he remarked 'He could not have had fever for several days or he would have lost flesh'. This was a new school of thinking that embraced the total environment of a patient's condition; medicine was only prescribed if it was felt necessary and to the benefit of the patient.

Even during his early career in King Street Gull built up a considerable private practice. In 1848 he married and moved first to 8, Finsbury Square and then, in 1862, to 74, Brook Street, in each case taking over eminent practices which prospered under his care. But Dr Gull's most celebrated achievement was the successful management of a severe attack of enteric fever from which the Prince of Wales suffered in 1871. In this he had been invited by none other than Edward Jenner. The Queen showed her appreciation by making Gull a baronet and physician to the Crown. Fame brought Gull immense wealth and, perhaps more important, attracted royal patronage to Guy's at a time when the hospital was in the financial doldrums. It is probably true to say that Benjamin Harrison never made a better investment.

Sir William Gull died in 1890 and the following year a research studentship, bequeathed in his will, was established at Guy's. The first holder was Frederick Gowland Hopkins, the only Guy's man to win a Nobel prize; his name we commemorate with our Biochemistry lecture theatre.

Do the Gull research studentships exist today? I do not know. And when was a ward first named William Gull? I do not know that either. Perhaps there are old Guy's men who do. In 1984 William Gull ward was located on the second floor of Hunt's House and I spent a few days there. Today it is on the first floor, south wing, I think in the old maternity ward. Unexpectedly, I had to pay it another visit, although not to commemorate his anniversary! From first hand experience I can say that whatever one may read about unrest in the NHS the care, kindness and efficiency of the medical and nursing staff has not in any way diminished, while the approach is perhaps a little more relaxed than I remember before. I was told, although not from anyone who had seen it, that a ghost walks the ward; perhaps there is somebody who can enlarge on that story too. I can only say that if it is the ghost of William Gull, he was assuredly well-satisfied with what he saw.

D C Watts (Reader in Biochemistry)

OBITUARIES

Alan George Starte

Alan Starte died aged 68 at his home on 27 March, 1990. A lengthy course of chemotherapy appeared to have been completely successful and he was determined to attend the annual clinical meeting at Guy's on 3 March; this he did.

The son of a Cambridge dentist, he entered the dental school at a time when it had been evacuated to Sherwood Park in Tunbridge Wells, later completing the clinical course at London Bridge and qualifying in 1945.

On qualification Alan joined the Navy, and during his service married Marion, whom he had known since his schooldays, and who herself had served in the WRNS during the war. Their long and happy marriage was suitably celebrated at a ruby wedding anniversary in 1986.

A keen and able sportsman, he played rugby, cricket, tennis and squash with great enthusiasm in his youth, and golf throughout his life. The cricket matches he organized during the sixties are well remembered. The opposition, consisting largely of Guy's men, set off for Fenner's each July assured of a warm welcome and great hospitality; the ratio of cricketers to drinkers had to be carefully calculated otherwise the match might well have been over by the luncheon interval. Much enjoyable cricket was played, and the series was finally left drawn. The idea of a decider was often discussed but, perhaps wisely, never agreed.

His professional life was spent entirely in Cambridge and he was a kind and conscientious practitioner.

His involvement and standing in community life was reflected in the large congregation which attended the funeral service in the church where he had been a sidesman and long-serving member of the parochial church council.

All possible sympathy is offered to Marion, his children Richard and Alison, and his grandchildren. He will be greatly missed by many people, but most of all by his family.

The Guy's motto affords a fitting and appropriate epitaph to a kind and generous man.

Colin Adams

Colin Adams, who was the Sir William Dunn Professor of Pathology at Guys and UMDS from 1965–1988, died at his home in Essex on 30 January, aged 61.

Colin Wallace Maitland Adams was born in 1929, the son of an architect. He was educated at Oundle and Christ College, Cambridge, graduating in medicine at the London Hospital in 1952. After completing his clinical training he became a research fellow in pathology at The London, coming under the influence of that formidable lady Dorothy Russell. The London at this time was a major centre for neuropathology and it was there that he acquired a lifelong interest in disorders of the nervous system. At school and later at Cambridge he was attracted to chemistry and as an experimental pathologist he naturally gravitated towards what was then the up and coming field of histochemistry. His earliest studies at The London were on the neurosecretory material of the hypothalamus and posterior pituitary, in collaboration with John Sloper.

In 1958 he came to Guys as lecturer in the department of pathology under Payling Wright and, after a year in the USA at the National Institutes of Health at Bethesda, returned to establish a histochemical laboratory devoted to the study of neurological and cardiovascular disease. Presided over by his assistant and collaborator Olga High, the laboratory became a mecca for histochemists and attracted a stream of visitors and postgraduate researchers from many parts of the world. He pioneered a number of novel methods for identifying lipids in tissues and provided a theoretical basis for some of the older empirical techniques, such as the Marchi reaction.

Colin's interest in cardiovascular disease began in 1959 with a study on the elastic fibre lipids and their role in atherogenesis. His investigations in this field extended over thirty years covering various aspects of the atheromatous process. Using histochemical techniques he studied the accumulation of lipids, plasma proteins and enzymes in the arterial wall in man, as well as in experimental atheroma in rabbits. Employing radiolabelled cholesterol with autoradiography he was able to follow the passage of cholesterol through the rabbit arterial wall and make inferences about the effect of ageing on this process in man. His studies on the beneficial effect of lecithin on plaque formation in cholesterol-fed rabbits contributed to the formulation of present views on the role of polyunsaturated fatty acids in our diets. Together with his collaborators he also investigated the tissue reaction to subcutaneous implants of lipids in rabbits, providing some basis for understanding tissue reactions to lipid in the human aorta. He was a recognised authority on atherosclerosis, a council member of the International Atherosclerosis Society and for many years editor of *Atherosclerosis*. In 1967 he published a book on vascular histochemistry.

Payling Wright's major interest was in myelin and demyelinating disease and he was the focus of an active research group at Guys, which included the biochemists Alan Davison, Norman Gregson, Martha Wajda and Louise Cuzner. Colin became a active member of the group, applying histochemical methods to the study of the demyelinating process in the brain and peripheral nerves. He developed a number of new techniques for identifying lipids in the brain and made important contributions to our understanding of the pathogenesis of the plaque in multiple sclerosis. He was one of the editors of a highly successful book on multiple sclerosis published in 1982 and was in the process of bringing out a second edition at the time of his death. After taking early retirement in 1988 he was able to continue his research on multiple sclerosis at Runwell hospital in Essex. He focussed his attention on the changes in the small vessels, believing that MS is essentially a vascular disease. Shortly before his death he had the satisfaction of seeing the publication of his splended atlas of demyelinating diseases, which was widely acclaimed.

By inclination Colin was a scholar, who prided himself on his scholarship. In all, he published more than 260 scientific papers, reviews and books. He wrote well and with great facility (he claimed that many of his papers were written on the train) and was a demanding, highly effective editor.

In 1965 Colin Adams succeeded Payling Wright as professor of experimental pathology at Guys. The Sir William Dunn chairs were established in the thirties to emphasise the fact that pathology was an academic discipline in its own right and under Payling Wright the department separated itself from the hospital pathology and (apart from post mortems) restricted itself to research and teaching. Under Adams the department followed much the same pattern, although there were moves towards integration, with some members of the department being active in teaching and research as well as clinical reporting.

Colin's style of running the department reflected the essentially benign and tolerant nature of his character. He believed in letting people get on with things in their own way, with a minimum of interference. Departmental meetings, that great scourge of academics, were kept to a minimum and to a strict timetable. Colin rightly believed that if no clear decision was reached in thirty minutes it was unlikely to be reached at all. However, it must be admitted that some of time saved at the meetings might be dissipated in subsequent chat in the laboratory . . . or the corridors. Colin liked a good talk. These generally began with his current research preoccupations, but there was always the chance that you might end up with an interesting half an hour on Chinese porcelain, tudor brickwork . . . or British Rail.

On taking over the department he reorganised the pathology teaching and shortly before his retirement was involved in the planning of the integrated pathology course for the new UMDS curriculum. At a time when the already overburdened medical curriculum was under constant pressure from all sides to increase the amount of formal instruction, Colin's attitude was refreshing. Far from pressing for more time for his subject, he fought a valiant rearguard action to prevent what he considered to be overcrowding of the curriculum with proliferating lecture courses. He was and remained highly sceptical about too much formal instruction and was in favour of leaving the student with time and space to get on with the job of educating himself.

He was a kindly and considerable examiner with a very realistic appreciation of difficulties of the students in coping with a demanding course.

Like all dedicated academics he had his little foibles. I used to marvel at the confident way in which he would, after his introductory lecture each year, pronounce on the collective worth of the class ('a good lot' or possibly 'a pretty dim bunch'). After puzzling over this phenomenon for some years, I finally concluded, possibly unjustifiably, that it all depended upon whether or not they laughed at his jokes.

He was a man of wide interests and exceptionally knowledgeable in many fields. He was also a keen and discerning collector of antiques and of chinese porcelain, of which he had a fine collection.

He is survived by his wife Anne, whom he married in 1953, and a son.

Miss Janet May James

The following is an address at the funeral on 19 April 1990 at Nutfield Parish Church of Miss Janet May James.

'We have gathered today to pay our last respects to Janet May James, to thank God for her life of service through nursing and to commend her soul to God's keeping.

'T S Eliot has a verse in his poem, East Coker, which seems particularly appropriate today. That verse is:

In my beginning is my end.

When I first came to Nutfield as Rector many years ago, an important part of my ministry, one which gave me particular pleasure, was to visit the Guy's nurses training college at Holmesdale Park. The sister tutor in charge was Sister Janet.

Thirty-five years later, Sister Janet was still at Holmesdale Park, this time, however, as a resident. For the curious thing is that when she finally came to the stage when she needed residential care she returned to Holmesdale and was installed in the very same room which she had occupied as sister tutor. In my beginning is my end!

Sister Janet had a long and useful life. Born in South Wales on the 1st October 1895, she came later to live with her parents in Kent. Her father was a mining engineer who had been connected with the copper mines in Spain. Her mother was a remarkable woman who also lived to a grand old age and taught herself to read braille at the age of 90. Janet was the eldest of five sisters, all of whom were unmarried and all of whom predeceased her.

Her life's work was, of course, nursing and it was her great pride and joy to have trained and served at Guy's Hospital. In those days, nursing involved far more discipline and protocol, and I am sure that life on the wards, with the old fashioned matrons, the strict visiting hours, the doctors rounds, was far different from the more relaxed and open atmosphere of todays hospitals. I have spoken to nurses who remembered those days when Janet was in her prime, and they have spoken with awe of her regime, and yet invariably they have remembered her with great respect and affection. They were grateful that they received their training from one who was such a dedicated professional.

Sister Janet officially retired in the Fifties, but her heart was still with Guy's and every week she would go up to London Bridge for service on the wards to make life more comfortable for the patients. I believe she also assisted Mr Norman Pitt when he set up his southern clinic in Reigate.

In the village of Nutfield she played a very acive role in the women's institute and was a well known fiture in most village activities. She was, of course, also an active member of this church and it is appropriate that her funeral service should be held here today in the Church she had come to love.

We meet at Easter when Christians celebrate the resurrection of Christ from the dead. We believe that by His death He hath destroyed death, and by His rising to life He has opened the gate of heaven to all believers. For those who accept the Easter Good Tidings there can be no lasting grief at the passing over of loved ones and dear friends. We know that beyond the horizon of our earthly sight they now enjoy that fuller richer life of Heaven itself. There in God's presence those who, like Janet, have spent their entire lives in the service of others, receive the reward of their labours and the accolade of the Master's, 'well done thou good and faithful servant'.

And so with a deep sense of gratitude for her life and friendship, we commend her soul to God's keeping, in fullest confidence that even now she is rejoicing with us and cheerfully grasping those opportunities for further service that await us there.

Rev Graham Williams, MA
Rector of Nutfield

Lesley Glazier

It is with great sadness that I report the tragic and premature death of Lesley Glazier (née Kirby), who was killed in a motoring accident in the storm on 25 January, this year. She entered Guy's in June 1963 qualifying SRN in 1966, and then became a staff nurse, a post she held until October 1969 when she became sister in charge of A&E department. She left Guy's two years later to get married. She was a delightful personality and highly respected in the A&E department, where she had the knack of being extremely efficient as well as highly popular. She was very kind to all the staff and patients who were under her care.

W J Owen MS FRCS

Mrs Jean Recknell (née Addison)

Mrs Recknell, better known to many of us as Jean Addison, died in her sleep on 8 March 1990 in her eightieth year. Entering the Guy's nursing school in 1930, she already held the TB certificate. In the years which followed she qualified as a State Registered Nurse, a State Certified Midwife, a Sister Tutor and also obtained the Diploma in Nursing.

During world War II, Miss MacManus sent her to Pembury Hospital as Assist-

ant matron-in-charge of the Guy's unit and she remained there until becoming the matron of the Kent & Canterbury Hospital in 1945. Wishing to return to a London teaching hospital, she was appointed matron of the Royal Free Hospital in 1948 and remained there until her return to Guy's as matron in 1953. It was at these two hospitals that she had her best years. Those were the days when she was always elegant and rain en route to an international congress meant a change of hat! At the Royal Free Hospital she raised the standard of nursing by insisting that all nursing procedures should be agreed by sisters and tutors and then taught and individual 'fads and fancies' no longer tolerated. As a young ward sister I quickly learnt of her genuine concern for both patients and staff. One example of this was when I was on study-leave and wrote to tell her that I was considering leaving my midwifery school as I found the standard so abysmal. On receipt of my letter she at once telephoned me, arranged to see me on my next free evening, spent an hour or more asking for details and giving me wise advice. I think that she was probably instrumental in getting a swift inspection by the central midwives' board which was followed by the closure of the midwifery training school at that hospital some months later.

I was one of the many who owed Jean a debt of gratitude and it was therefore with sadness that I worked with her in the office at Guy's where she suffered much ill-health and could not retain her old sparkle.

She left Guy's in 1962 when she married Hugh Recknell. It was poignant that she died so soon after her dear friend 'Polly' Perkins, who also lived at Steyning. Together they shared a great love and loyalty for Guy's and Jean had the Guy's prayer by her bedside. At her funeral in the beautiful parish church at Steyning, the vicar spoke of her as a caring person, always interested in others and this is how I shall remember her.

JP

PHYSIOTHERAPY NOTES

Helen Ransome was appointed district physiotherapist in October 1983 shortly after the formation of the new Lewisham and North Southwark Health authority, thus making her the first incumbant of this post in its new form. Prior to this Irene Cook was the district physiotherapist at Lewisham and she planned her retirement around the time of the district amalgamation. Ronald Cooper was the district physiotherapist designate at Guy's. Traditionally, within teaching hospital groups, the principal of the school was also the group superintendent. Thus the academic and clinical services were closely related within the group. At this time also, the students were very much part of the workforce and the school and the department were, in all aspects, accepted as one. District physiotherapist posts evolved as the health service evolved and it was eventually not practical nor prudent for one person to maintain the management responsibilities of the school as well as the clinical services across the district.

Wednesday 9 May sadly marked a party for and a presentation to Mrs Ransome as she leaves the district. She has recently married and moved to Bury St Edmonds and plans to take a year out of the health service to settle into Suffolk, create a garden and spend more time enjoying music and singing. Her presentation from friends and colleagues was a cheque, which is earmarked to purchase garden paraphanalia of her choice. The only regulation attached to the gift is that photographs of the creation should be made available to interested parties.

We are indebted to Helen for her foresight and management skills as she has helped us to mould into a 'seamless' service across the district for the benefit of our patients. When she came we had been two separate districts working in isolation. Now I believe we are an integrated district-wide service able to maintain services to patients who move in and out of 'care-groups', acute and community services, day-hospitals and continuing-care units. The staff not only serve their patients with expertise but also enjoy personal development in clinical, management and teaching skills. Allowing for local variations the junior physiotherapists and senior IIs work to a similar basic job description. The JDs of senior I's and above are tailored to the needs of each post but have the same philosophy. The philosophy has been, and continues to be, worked out by the superintendents in monthly meetings.

The future management of the therapy services has caused much discussion, deep thought and concern. Having spent eight years building up a district-wide service it would be more than a shame to break it up. I have previously written about change in the management structure of the community physiotherapy services. That change took place on 1 March. The adult and paediatric community services and the service for people with learning difficulties (SPWLD) are now managed by the managers of the relevant executives, with professional responsibility remaining with the district physiotherapist.

It has recently been decided that, what ever happens as a result of the White Paper, there should be a professional head at this time. There are core responsibilities relating to service, quality assurance and contracting (service agreements) which will need to be addressed. All jobs at this level will be changing constantly for the next few years and I am grateful that Helen's vacated post will be advertised and look forward to knowing who will take her place to lead the physiotherapy service into the post-White-Paper era of the 1990s.

Diana Innocenti

Farewell

On 12 April many of us gathered to say 'goodbye' to Susan Westbrook who had been director of nursing services at Guy's for the past twelve years. Though it was sad to see Miss Westbrook departing after having seen nursing through several changes during the past decade, it was also a pleasant occasion. We were well 'fed and watered' thanks to the hospitality offered in the Robens Suite. Miss Westbrook had originally trained at St Thomas's and served many years working in the operating theatre department. She came to Guy's nursing administration, working most of the time in the old 'Matron's Office', though latterly she had moved to the Counting House side of Guy's House. She was readily available to see any member of her staff and always pleased to talk about personal as well as professional problems.

Miss Plant gave an appreciation of Sue Westbrook, remembering their early times together when they both joined the same set in their PTS days. She recalled how their paths diverged, only to meet again in their senior positions at Guy's. Miss Plant reminded us that Miss Westbrook never lost her ardour to see everything clean and polished brightly: a reference to her days as theatre sister.

The presentation was made and Miss Westbrook responded with the opening comment that she did not like public speaking and intended to be as brief as possible. After thanking everyone she replied to one or two questions that seem always to arise on the occasion of retirement. What was she going to do? Nothing, was the firm answer. One cannot take this entirely seriously from someone who has so far led an extremely busy life.

An amusing aside was provided by allowing Prof Chantler to have his wish granted. He has made no secret of wanting to see matron return: an appropriate cap and grips were on hand, and Miss Westbrook permitted him to carry out her 'coronation'.

Apart from current nursing staff attending this departure party, it was pleasing to see a large number of familiar and friendly faces from the past nursing establishment at Guy's. It was somehow difficult to realize that they were no longer working at Guy's, but in many and varied ways still enjoying very fruitful lives. It is a tribute to Miss Westbrook's warm personality that so many 'old girls'—and boys—attended this function.

At present no appointment has been made to the vacant post. Miss Tierney is acting director of nursing services. If anyone is full of energy and interested in this post, now is obviously the time to apply! In the meantime we all wish Miss Westbrook a happy and healthy retirement.

Denis Cobell

Guy's Hospital Gazette

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Yodelling Mozart

When used as a concert venue St George's (RC, Southwark), both profits and suffers from its architecture. The vaulted ceiling and majestic arches do provide a beautiful and inspriring setting for a concert (if you get bored you can always try guessing the height of the pillars), but at the price of an acoustic which would be better suited to the Southwark Amateur Yodelling Festival than to Mozart. One hesitates to suggest that it was because of its acoustic properties that St George's was chosen as the venue for the Guy's and St Thomas's Music Societies' spring concert, but it may have been part of a cunning plot to conceal the fact that the actual programme bore little resemblance to that advertised.

It was during the first works of the evening—Mozart's 'Idomenes' overture, and Schubert's 'Rosamunde' Entracte—that the poor acoustic was most intrusive. Although the orchestra handled both works competently, the texture was far from clear and at times listening to the performance was analogous to looking at an impressionist painting through a thick fog. The 'molto beltissimo' playing of the trumpets and tympani did little to ease the situation.

Elgar's 'Chanson de Nuit' (given by the orchestra minus the trumpets and other noisy sections), was, however, a delight. The sorines managed to produce a marvellously full tone, and the wind seemed to be more secure than they had previously.

The performance of Mozart's 'Requiem' by the choir and orchestra was to form the climax of the evening. Both groups did well to provide a rendition which included several fine moments, most noteably in the 'Rex Tremendae' and 'Confutatis'. Personally the choral high point of the evening was 'Dies Irae' into which the choir managed to inject real drama without being put off by the confused muddlings of the orchestra. Throughout the work there appeared to be small problems of ensemble, and for these I am inclined to (mainly) blame the conductor, SamLaughton. The easiest way to cope with a large echo, such as that in St George's, is to relax the tempi slightly and make the most of the pauses. In fairness Mr Laughton did milk both of the pauses in the work to their maximum, but by sticking rigidly to his own fast tempi he only accentuated the soupy texture of the music. To use fast, 'baroque' tempi in a cavernous building is no doubt very swashbuckling, and to a purist (fanatic) may even seem justified. In setting an absurdly fast speed for the 'Agnus Dei', however, Mr Laughton swashed one buckle too far, and it took a little face-pulling and gesticulation to restore the movement.

Minor quibbles aside though, it is fair to say that the choir, orchestra and (much maligned) conductor can all be justifiably proud of a basically sound performance, which was well worth the modest entry fee.

James Ritchie

Clinical Orthopaedic Examination Ronald McRae. 256 pages. £12.95. Churchill Livingstone.

That this book has run to three editions in fourteen years (with two reprints of the second edition) speaks eloquently of its success in filling a perceived need. This need is even greater now than when the book was first published for there is a dearth of clinical material on the wards, and such patients as there are must be shared by too many students. Furthermore the new clinical curriculum allows only four weeks for orthopaedic surgery, which must be shared with other specialties. In consequence, only basic and elementary principles can be taught, and students may not acquire sufficient skill in musculo-skeletal examination. While there is no substitute for practical experience, it is possible to learn the basics from this book and then to practise (?on a friend).

For this edition the illustrations and text have been revised by the author and are comprehensive in their coverage of orthopaedic examination. The section on peripheral nerve examination is accompanied by a review of the anatomy and is particularly clear. That on the knee is rightly combined with a brief overview of history taking in knee disorders. It is on this point that I would take issue with the concept of the book. Many orthopaedic conditions can be diagnosed from a careful and detailed history, and then *confirmed* by physical findings. Personally I would have preferred the book to encompass diagnosis rather than examination, and this should have been possible without increasing the size of the books, by including fewer radiographs, which are never reproduced well in textbooks. Also included in the knee section is a description of joint aspiration for tense effusions following injury. It is my opinion that this should not be undertaken in accident departments. A significant effusion following injury demands accurate diagnosis, by examination under anaesthesia and, probably, arthroscopy, with facilities for proceeding to surgery if necessary.

This is a minor quibble and the book clearly performs its intended function. It is required reading for students, orthopaedic housemen and casualty officers.

David Nunn
Senior Orthopaedic Registrar

Ostlere & Bryce-Smith's Anaesthetics for Medical Students. T B Boulton and C E Blogg. 10th edition. 271 pp. Churchill Livingstone.

This book, which this reviewer fondly remembers from his student days, was written in 1949 by Gordon Ostlere—better known perhaps under his pen name of Richard Gordon author of *Doctor in the House* and similar books—and Roger Bryce-Smith now also retired from anaesthetic practice. It has to be said that the type of humour expressed by the 'doctor in the house theme' sadly denigrated the anaesthetist, for example by portrayals such as reading a newspaper during a case or as asleep when his seemingly anaesthetized patient was awake. Nevertheless, a feature of *Anaesthetics for Medical Students* was the footnote anecdotes, and many readers will be pleased that this tradition has been preserved. Previous editions did not address the subject of intensive care which is so closely allied to anaesthesia and sadly this has again been omitted.

Anaesthesia is a most important subject in the undergraduate curriculum

and this small book which will fit in the pocket will repay careful scrutiny. Thus the student will find much useful information concerning the management of the unconscious patient, local anaesthetic and analgesic techniques (with safe dosages of drugs) including epidural and spinal blocks, the relief of pain, the preparation of the patient, and cardiopulmonary resuscitation. An account is given of anaesthesia for different types of surgery, how to deal with various kinds of emergency situations, and of the effects of disease in relation to anaesthesia.

'. . . *as popular as ever* . . .'

Anaesthesia is very much a sharped-end specialty and it is pleasing to see that the authors have devoted whole chapters to safety and to complications and hazards. However, the authors do not describe a routine 'drill' to check that the endotracheal tube really is in the trachea and is not in the oesophagus (the routine use of a stethoscope is not even mentioned). The subject of obstetric analgesia and anaesthesia is vital for the student yet the essential 'failed intubation drill' to be followed when an endotracheal tube cannot be passed in an unconscious patient has not been included. It is vital that everyone in the team is familiar with this procedure.

It is a pleasure to see the authors give credit to a Guy's man—the surgeon Geoffrey Marshall—for his contribution towards an apparatus which later developed into the well-known Boyle's anaesthetic machine. The descriptions of breathing systems and equipment are helpful and aided by some illustrations. The reduced pressure distal to the reducing stages on the anaesthetic machine is incorrectly given (p. 54) as 4 kPa (it should be 4 bar or 400 kPa).

The review copy suffered some loose pages due to poor binding. *Anaesthetics for Medical Students* is sure to be as popular as ever and the new authors are to be congratulated on this new edition.

Anthony P Adams

Textbook of Medicine. Ed R L Souhami and J Moxham. 1216 pages. £12.95. Soft cover.

This new textbook, which has an appearance reminiscent of the Yellow Pages, provides a comprehensive account of clinical medicine. Each chapter has been written by a specialist in that area, and it is refreshing to see that they have not all been drawn from a single teaching hospital. The authors have taken trouble to describe the pathophysiology of disease processes, but the main emphasis of the book is clinical, and there is a clear and full description of the presentation, investigation and treatment of disease. Although it may seem long at more than one thousand pages, the textbook contains chapters on several aspects of medicine either poorly covered or omitted from its competitors. For example, there is a very good chapter on haematological disorders and another on the principles of cancer treatment.

The textbook is written with clarity and enthusiasm throughout, and much attention has obviously been given to its layout. The text has been divided by plentiful headings, making it easy to follow and in each chapter summary boxes highlight essential facts. This new book is slightly larger and more expensive than the other two textbooks of medicine often used by undergraduate students; however, neither of these is exactly pocket-sized. Generally I found Souhami and Moxham's book to be full of useful up-to-date information which it conveyed in a memorable way, and would recommend it to potential buyers.

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Boat Club

The Head of the River Race 1990

The 58th Men's Head of the River Race attracted a record entry of over 450 boats this year. It was the biggest race of its kind in this country and fittingly took place over the famous 4 mile stretch of the tideway between Mortlake and Putney.

The race entry was limited to 420, so crews were waiting to start either side of the river for two miles of the course. Slowly the procession would move up toward Chiswick Bridge where each boat would then turn and race over the course against the clock. Guy's entered two crews and were unfortunate to be given starting positions of 320 (1st VIII) and 379 (2nd VIII) when the stream would be slower.

Having found our starting slot we had to wait for an hour on the water before being able to turn and start. The French crews kept everyone entertained as they practiced tideway manouvres under the bow ball of Leander, whilst the Swiss topped up the Thames and we discovered where all the grease had gone (thank you Leprechaun!)

On a rapidly dwindling stream we eventually turned to approach the start at Chiswick Bridge. Over the first minute we pulled away from the Swiss crew behind who were soon replaced by Isis (the Oxford reserve boat). We held them off until the Band Stand (800 metres) but maintaining good rhythm and pace at 31 we rowed through two crews before Chiswick Steps (1¾ miles). Approaching Hammersmith Bridge we drew level with Frankfurter RG Borrusia and following some flawless steering we shot Hammersmith Bridge at exactly the right lamp-post. Retaining the fastest line we overtook a floundering Clare College passing Harrod's Depository (3 miles) and entered the notorious Crab Tree Reach. With 1 mile to go cox's confident demands were met and we passed crews tempted to cut the Fulham bend. The Black Buoy on our left signified the final 500m at Putney Hard. Legs screaming we lifted the rating to 34 to pass our final boat before crossing the line in 19 mins and 16 seconds.

From a starting position of 320 we finished 170th coming 44th out of the 142 crews in our class. We were the fastest hospital crew but also finished ahead of some very distinguished and notable clubs. It had been an excellent day for the 1st VIII.

The 2nd VIII, borrowing the ladies 1st VIII boat justified the loan and put in a spirited gutsy performance, hats and all, to move up to position 378.

Crews

1st VIII: Cox: P Fouzouri. J Robin, M Smith, T Spires, J Crossman, S Pryke, B Kelly, A Williams, J Rose.

2nd VIII: Cox: L Ward, A Cash, S Hodges, A Mosahebi, G McLennan, R Pringh, A Black, M Patel, G Davies.

Hammersmith Amateur Regatta (28 April)

And so onto the regatta season. This was the first of three regattas over consecutive weekends attempting to put into effect the higher rating work done since the Head. The men's 1st VIII and a ladies IV entered. Following a convincing 1st round win over Auriol Kensington RC the 1st VIII entered the final against Westminster School confident despite the substitution of a blond for a newly shaven skipper.

It had been an excellent day for the 1st VIII.

Expecting a fast start from Westminster that never materialized, Guy's monoplized over the 1500 m course to win comfortably in popply conditions.

The ladies IV in their first regatta were unfortunate to draw Imperial College and the Civil Service. Imperial flew off the start leaving Guy's to battle out second place with the CSLRC. Undeterred, Guy's pulled clear of the CS to finish four lengths down on Imperial who went on to win the event.

The men left with the Marshall Hayer trophy and a point each while the ladies now knew what had to be done the following weekend.

Chiswick Amateur Regatta (5 May)

And so to Chiswick, a slightly shorter regatta than Hammersmith (1000m) but with a larger entry. The men's 1st VIII fresh from their victory the previous week drew Ibis and Putney Town. On the Surrey station we had the disadvantageous long bend, necessitating a staggered start. After a sluggish start Ibis pulled ¾ length clear of us. With a tactical burn we pulled back two men. Approaching UL, Putney Town had been left for dust and with a devastating change of gear we rowed through Ibis to finish one length clear. The second round saw us draw Bryanstone School (last year's winners) and St Pauls, two crews fast off the start. Undeterred, and oozing confidence after our good first round row we lined up (rather wet, however, thanks to the PLA). Bryanstone outclassed us throughout the race to finish one length clear with St Pauls third. They subsequently went on to win the event.

The ladies IV excelled in their preliminary rounds to draw Kings College in the final. After a tidy, fast start they pulled clear to cross the line two lengths clear for their first win of the season. The coaches were happy but it was time to burn the secretary ('Jamie Bates'). Another good regatta with a victory . . . and so onto Putney Amateur the next week (see next edition).

Crews

Mens 1st VIII: Cox: P Fouzouri. J Robin, M Smith, T Spires, J Crossman, S Pryke, J Pollard, C Peebles/A Williams, J Rose.

Ladies IV: Cox: A Klein, D Bessey, L Gibson, D Smith, C Burt.

Congratulations to Dave Pullan, the club's treasurer, who has been selected to row in the Universities second VIII. After trials in Switzerland at Easter he was moved into the 2nd boat from the 3rd VIII and should be part of a Thames Cup VIII or Wyfolds IV at Henley this year.

Andy Williams
(*Captain*)

Cricket Club

We held our AGM early in February. Being friendly sort of chaps we invited the St Thomas's crowd over. After running through the preliminaries, most of the evening was spent discussing amalgamation. All players are now able to play for either club, and full amalgamation will occur at the end of the preclinical term. The first combined AGM will be held in September.

Nets were held this year at Elephant and Castle. Being easier to get to than Lords, the turnout was good. It also allowed some of the final year to get some appreciated exercise. The nets sessions ran for two months every Saturday, and we shall certainly be using them again next year. The only problem with them, however, is that short bowling off the matting tends to rear up to bouncer height. Our casualty was Jon Hare, who top edged a short pitched ball into his mouth. He was fortunate to lose only his 'lateral incisor'. Luckily, this meant that he got to spend more time with a certain dentist (female of course). This brave lad was back in the nets the next week.

From the indoor nets, we moved to the new net at HOP, in April. Eric has resurfaced the net to allow spikes to be used, and plays much more like the wicket at HOP. I would like to thank Dr John Rees, for making guest appearances at both indoor and outdoor nets. Thanks also to Eric and Roy for the new net.

The first match of the season was preclinical versus clinical, played on 28 April, at HOP. Clinical were already one up on the series, and preclinical sorely needed a win. It was a glorious day and we were ready to teach the young ones a thing or two about cricket. However, Henry Taylor decided to start the match before 2 pm, probably because we only had half a team at that stage, and he had a full one. I was a little worried about our umpires: Jim Taylor was too honest for his own good, but Lance Hillis had no problems at all. He was all in favour of one set of rules for the preclinical side, and another for the clinical. Henry Taylor was obviously keen on trying out his new boys, and unfortunately, they steadily skittled us out. Only Edgar Jones (35), Neil Davies (22) and Khalid Sundip (13) made any runs. Steve Lewis bowled well, though he was going down the hill. We were all out for 95. Then it was the turn of the clinical bowlers. In spite of a solid show of bowling and fielding, they made the runs with three wickets to spare. Henry Taylor and Ed Piper batted well, though perhaps a little seriously, for a fun match. An extremely enjoyable day was had by all, and, with any luck, Henry Taylor should be able to put together a strong balanced side this year.

Sanjay Gautama

Teams:
Clinical: Jon Hare, Edgar Jones, Neil Davies, Khalid Sundip, Saf Ghauri, Alex Paddon, Iqbal Malik, Jamie Coombs, 'Chooch' Patel, Sanj Gautama.
Preclinical: Henry Taylor, Steve Lewis, Mike Goodwin, Ed Sharples, Masood Khan, Aj Azad, S Shergill, Andy Hamilton, Ed Piper, Mike Bould.
Umpires: James Taylor, Lance Hollis.

Rugby Club

Third Fifteen Tour, Dublin, March 16–19

The tour party comprised an oral surgeon, a physician, four housemen, two dental surgeons, a male nurse and UMDS students, including four freshers. Jim Lewis's organisational skills were apparent at the assembly point in Boland House where trays of Guinness, sandwiches, T-shirts and club ties awaited. One player was belatedly unable to travel and a reluctant replacement was lured to the bar, manacled to Dr Beardmore and transported to Heathrow. David Quick, not quick enough on this occasion, was obliged to relenquish his weekend plans. His only luggage was the text book of paediatrics he had innocently carried into the bar.

On the underground there was a friendly exchange with a UMDS pathology lecturer from St Thomas's Hospital. He was unruffled by the references to the Lambeth Annexe and the Dog's Home but blanched when Michael Sear claimed to know his daughter. At Heathrow there was mild consternation when the chained duo of Quick and Beardmore encountered security officials. The explanation that an escaped detainee was being returned to Dublin seemed to suffice. The team kit was last seen at this point. Placed with the luggage it must have evaporated over the Irish Sea; British Airways are conducting enquiries.

The hotel in Abbey Street, just beyond the theatre was solidly respectable although it was once a plotting place for Patrick Pearse and the Gaelic League. Today it is more often associated with clerical conventions. Two doormen seemed more than averagely vigilant and it was clear to the libidinous that their ingenuity might be tested.

After being refreshed by the black stuff, the group dispersed. Having been further revived by a fry-up and two bottles of rough red, Dr B heroically climbed the sheer granite of Sir John Gray and decorously paid tribute with boxer shorts to the man who had engineered the provision of water to Dublin. It is odd that this of all cities should honour with statues not only somebody who offered its citizens water to drink but also Father Mathew, the founder of the Temperance Society. Dublin is nothing if not a city of statues and O'Connell himself it was who finally accepted the accolade of underpants. When the Taoiseach drove past next morning in the St Patrick's Day cavalcade, he nodded toward the statue, a salute from one Charley to another. The night ended quietly in the bar over the odd glass of Pernod.

The De Salle Palmerston Clubhouse lies in a rustic setting outside Dublin. Shirts were generously provided for the Guy's players. The colour of both teams was identical, but by some uncanny visual skill, the home team seemed better at identifying its own players than the visitors who were in regular confusion. The warm spring weather and the recurring taste of Pernod failed to help matters. Guy's lost by several points although Andy Linney scored and did so twice in due course.

James Hawker had carried a bouquet of red roses from London Bridge and

these were now pinned to proud English chests. The clubhouse crowded around the television to watch Scotland spoil England's hopes to loud Irish cheers. Meanwhile the constant inflow of Guinness was taking its toll. Silly games were played. One player's trousers were shredded and white with something he must have eaten for breakfast, he returned his lunch for inspection.

By several means or other a large body of the party reassembled at Kitty O'Shea's, a bar which did for some what the original Kitty did for Parnell. A surprising number of ladies present were later introduced to the doormen as distant cousins. Meanwhile Drs P and F and others were being cautioned by the Gardia not to jump from O'Connell Bridge into the Liffey. As good citizens they complied and jumped off another.

The next game was played against a youthful, fit team from Trinity College. The Guy's forwards achieved no end of possession but the tourists had little answer for the swift covering and counter attacking of the Irish. Jamie Coombes scored a good try but that was the extent of it in a game of frustration and heated exchanges. Poor Adam Slade was condemned to the touchline by a referee who suspected but certainly did not see curmudgeon.

At the pub favoured by Trinity there was sporadic ensemble singing. It is not clear why the regulars moved to the far end of the bar. The Trinity coach was a policeman who insisted that all should visit the Gardia Club. Some did and discovered that a policeman's lot is not necessarily an unhappy one. Hospitality was extended until late and was marred only by the prospect of a pre-breakfast flight and an immediate resumption of work.

The party disbanded at Heathrow, almost as many returning as departed. In Ireland there remained new friendships and sundry items of luggage. Much credit is due to Jim Lewis for organising such a highly successful visit.

Tour Party: J Lewis (Capt), J Coombes, N White, D Quick, S Russell, J Hawker, M Sear, J Neil-Dwyer, T Gibson, R Dales, A Bates, A Slade, J Worth, P Fewings, P Cunnington, A Porter, C Howell, A Linney, C Koffman, C Beardmore.

The tour party more or less complete and sporting their roses on St Patrick's Day.

CLASSIFIED

The following UMDS candidates were successful in the Final LDS Examination Part III (Dental Surgery) March 1990.

Breeze, Linda Denise
Brown, Paul Jeremy
Cameron, Malcolm Gregor*
Craik, Fiona Ann*
Evans, Susan Dorothy*
Feran, Koray*
Golar, Satbir Singh*
Hockey, Kathryn
Ihenacho, Augustine Okechukwu
Knights, Dominic Charles
Kumar, Raj*
Man,, Sarveen Kaur*
Patel, Neela Thakorbhai*
Patel, Sushma
Poate, Timothy William John
Reshamwala, Yasmin*
Singh, Jatinder*
Skoyles, Howard Simon*
Telfer, Robert James*
Thomas, Michael Frederick*
Turner, Jonathan Winston*
Verma, Sunita*
Wilson, Philip John Binns*

*BDS December 1989

Deaths

SHUTTLEWORTH. On March 29, peacefully at home, after a long and distressing illness borne with great courage, YVONNE ALICIA (née Cushing) in her 80th year. Beloved wife of Cyril.

GORFE, Felix N, on 1 May, at Bognor Regis, aged 83. He leaves a widow, Joyce, and three sons.

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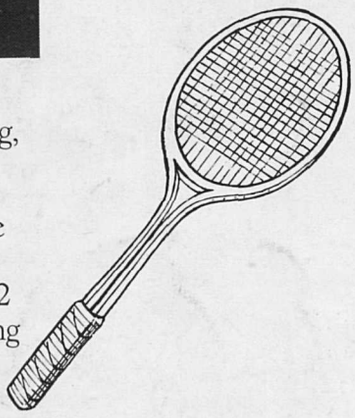
- ☐ (b) The Sensodyne Search 4
- ☐ (c) A toothless bulldog.

4 What has a dense brushing surface?

- ☐ (a) The Sensodyne Search 4
- ☐ (b) A dry ski slope
- ☐ (c) A road-sweeper with an IQ of 72.

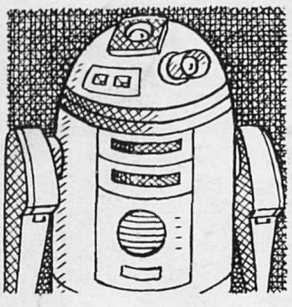


2 What has a long, slim neck?

- ☐ (a) The Sensodyne Search 4
- ☐ (b) A bottle of 1982 Yugoslav Riesling
- ☐ (c) A cygnet.

5 What's head and shoulders above the rest?

- ☐ (a) The Hunchback of Notre Dame
- ☐ (b) A giraffe
- ☐ (c) The Sensodyne Search 4.

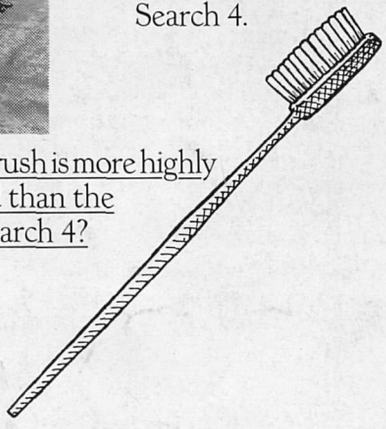


3 What has a compact head with rounded corners?

- ☐ (a) A primary school
- ☐ (b) Just about everybody
- ☐ (c) The Sensodyne Search 4.

6 What toothbrush is more highly recommended than the Sensodyne Search 4?

- ☐ (a) None
- ☐ (b) Zero
- ☐ (c) Zilch.



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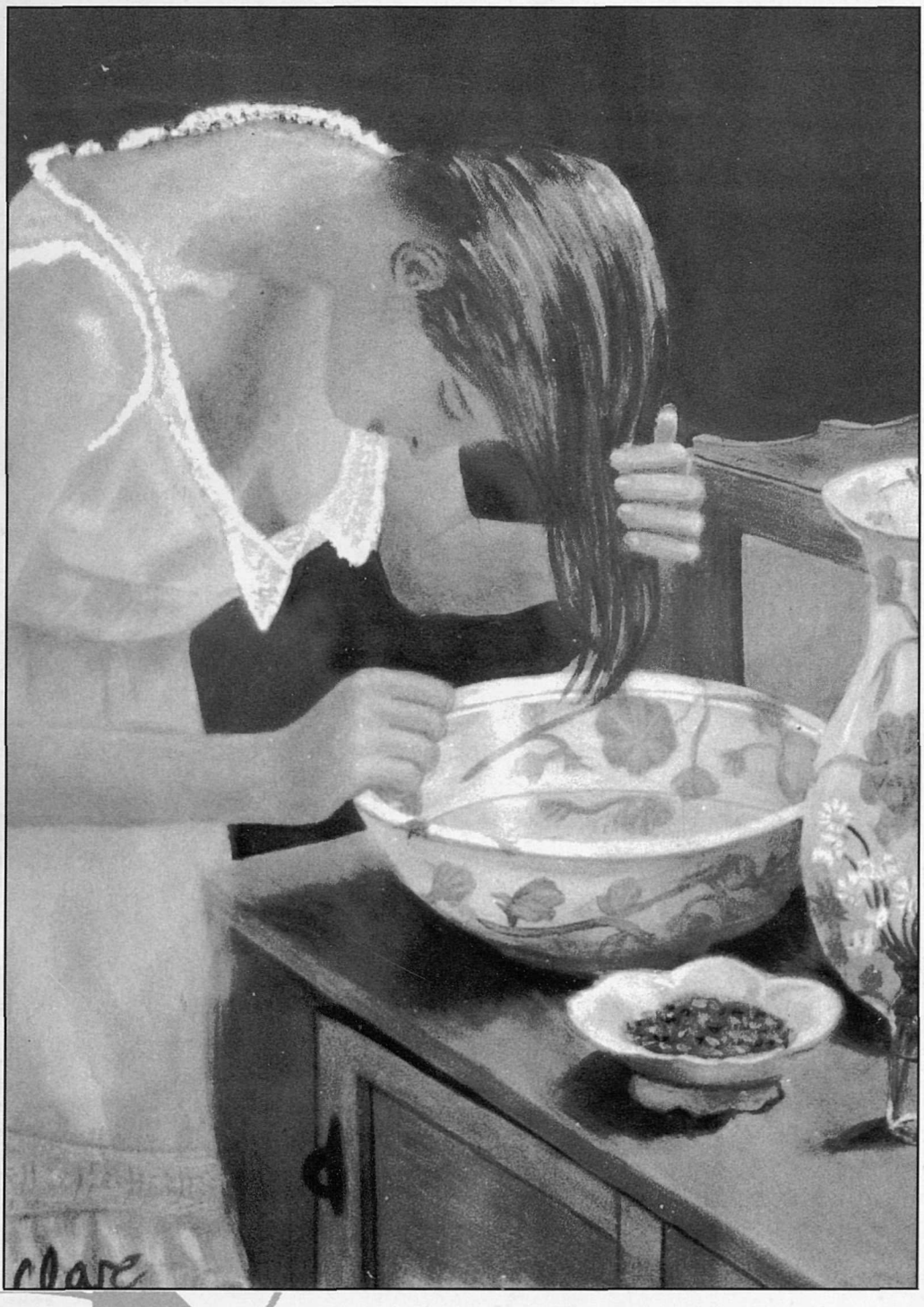
JULY 1990

GUY'S GAZETTE



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Residents' Play

Dr John Rees remembers the December production

UMDS Art Society

Our art correspondent visits the summer exhibition

R T Grant FRS

An obituary of one of Guy's most distinguished scientists

GUY'S GAZETTE

CONTENTS

93 Passim

94 Letters

98 Residents' Play 1989—Dr John Rees reviews last year's offering.

100 UMDS Arts Society Summer Exhibition—our art correspondent peruses the season's offerings.

103 Reviews—Fison Memorial Lecture plus several books.

104 Obituaries—Ronald Grant, Felix Corfe.

105 Nursing Notes, Physiotherapy Notes

106 Sport—Boat club bumps, regatta and new boat, Hockey club tour, Rugby club reunion and tour of Portugal. Ladies' squash.

111 House Officer Appointments—1990.

112 Classified

Guy's Gazette

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Passim

A sense of relief is sweeping the *Gazette* office this month, as all of our fourth-year staff members (and indeed, all of the Guy's candidates in general) have passed their final examinations in pathology. This is a fine result for the Hospital, and I must say that it is a great pleasure to be able to celebrate in the knowledge that no one has failed, leaving everyone equally happy. We wish all the other Guy's students taking exams at present success.

There is more to education than passing exams, however, and it is gratifying to learn that UMDS is taking steps to try to improve the quality of teaching and learning within the schools through the appointment of an education adviser. This role has been filled by Lesley Millard, an expert in adult education (it has been rumoured that UMDS is considering treating medical students as adults), who has a number of exciting plans for improving the educational experience at UMDS, and who has already been interviewed about her work by a selected team of *Gazette* students. Ironically, it is only pressure of exams that has prevented the text of that interview appearing in this month's *Gazette*, but we hope to publish it shortly.

Lesley Millard will have performed a great service for all medical students if she can persuade the powers-that-be to reduce the amount of factual material that has to be assimilated for both preclinical and clinical courses. This problem is referred to in the Passim in a *Gazette* of 1923, so it will require the conquest of a certain amount of inertia if it is to be tackled, but surely it can be only a matter of time before UMDS—and for that matter the GMC—finally realizes that the mindless accumulation of factual information is the enemy, and not the friend, of understanding. It is rumoured that a comprehensive restructuring of the preclinical course is under consideration, so let us hope that it will lead to an approach which owes more (in the words of one Guy's professor) to the 'lighting-a-fire' than the 'filling-a-bucket' model of the learning process.

We are approaching a time of change in the editorial team of the Gazette, with Mark Slade, Martin Sadler, Aman Coonar, Ron Simon and Jemma Dobson all leaving for their electives in foreign parts in September. The Editor-designate is Tim Plunkett, a first-year clinical student, whom I should like to wish every success in continuing with the Gazette. He will be taking over as Editor from the next issue onwards. I have very much enjoyed my experiences as Editor, and I hope Tim will find the role equally rewarding. I should also like to thank all those people who have helped with the editing, layout, organization and printing of the Gazette over the past two years.

The front cover shows *My Lady*, a painting by Clare Walford from the UMDS Art Society summer exhibition. A full report by our art correspondent of the pieces on show appears on page 100.

GAZETTE LETTERS

In my opinion?

Dear Sir,

The adverse comments published in the April/May issue of the Letters to the Editor of the Guy's Hospital Gazette will, I hope, convince the Editorial Staff that the new format for the Gazette is most unwelcome. 'Lacking in style', 'unprofessional', 'too casual' and 'shows a cheapened presentation and is too big for the pocket' are quoted. David Erskine says 'I do not like it'—nor do I. Gerry Sichel says 'I *see nothing to commend it*'—nor do I.

On a previous occasion I complained to the Editor of the undignified front cover with, for example, microphotographs of a louse. I repeat my criticisms. The dreadful first issue of the 'new format' with the awful montage of the Guy's Radio, the photograph of a rowing eight, more suitable for the sports' pages, and most recently, the totally inappropriate photograph of an impersonator of the Prime Minister are, in my view, all equally unsuitable for the front cover.

May I suggest that you refer to the cover of the Bicentenary Special edition of the Gazette, with its attractive background picture of the Hospital as a dignified example of what can be achieved. The title should be *Guy's Hospital Gazette*, boldly printed in equal sized Roman inscriptional capitals as my suggestion, with the date of issue printed below across the page and not up and down. I would further propose that the whole blazen of Thomas Guy's arms, crest, supporters and motto could form a dignified, and permanent feature of the front cover—as we are all very proud of our founder—but if this is considered excessive then a large, correctly drawn, heraldic Guy's shield and motto should be shown. Incidentally, I completely disagree with Gerry Sichel that the union of the medical schools will mean that there will be no more Guy's men and women. Surely where students to their preclinical work is immaterial; I am sure that where they do their clinical work will determine that there will always be Guy's men and women. Floreat Guy's!

Yours faithfully

E D GRASBY
Fothersey West,
Hawkhurst,
Kent TN18 5DE

Guy's men

Dear Sir,

In answer to Gerry Sichel's letter in your last issue; there is a strong group of men and women at Guy's Hospital who will one day become Old Guys men and women. You are not a 'dieing breed' [sic] and whilst we understand the reasons behind the merger with St. Thomas' we are certainly not going to 'sit with memories in the chimney corner'. Setting a fine example is Guy's Hospital Rugby Football Club who's [sic] identity is as strong as ever.

To contradict Gerry's last paragraph . . . it is great, and some great things will last forever.

Yours faithfully

JAMIE BARWELL
Boland House

Rugby Club Anniversary

Dear Sir,

I would like to inform you that the Guy's Hospital Rugby Football Club, the oldest existing club, is looking forward to celebrating its 150th Anniversary in the season 1993/4. A Working Party has been set up under the chairmanship of Mr T L T Lewis to consider an appropriate timetable of events which will be held in the course of that season. Proposals so far include a celebratory day of rugby to be held in October 1993 at Honor Oak Park culminating in a Guy's v Invitation XV match. At the end of the season a dinner will be held, possibly in the Guildhall; a major overseas tour is also envisaged. The success of these plans will depend upon generous sponsorship and local fundraising. Any readers who would care to contribute in any way should contact me. Members of the Guy's RFC supporters club will receive a detailed outline of developments in their next newsletter. This club has a membership approaching 200 and for a modest annual fee of £10.00 allows access to international tickets as well as news of club activities. Bankers order forms may be obtained from me.

Yours sincerely,

T GIBSON
Consultant Physician
Guy's Hospital, London SE1

Warm welcome

Dear Sir

With reference to the letter from Mr J. H. Lewis, we would be delighted to offer hospitality to Guy's men and women from abroad. Please contact the Medical School office or contact us direct.

Yours faithfully

JEAN & MICHAEL GILLON
Willowdown
West Street
Billingshurst
West Sussex RH14 9LG

Spit closing

Dear Sir,

Why has the Spit been allowed to close so ridiculously early of late? A few days ago I was having a cup of tea there at 3.35 pm, only to find myself being chivvied into drinking up so that the doors could be locked. Why shouldn't students be allowed to have a drink at the end of a day in the lab or on the ward?

As if this weren't bad enough, we now also have to endure the enormous queues at lunchtime, caused by the unnecessary removal of the second till. This leads to the ridiculous situation where the ladies serving lunches stand idle waiting for the queue to diminish before they will continue serving, whereas if one of them were to be redeployed on another till, everyone could be served in a reasonable length of time.

Yours faithfully

A PATHMAN
Boland House

Not all bad

Dear Sir,

Despite my own and other adverse criticisms of the new format given to the Gazette and published in the April/May 1990 letters columns, I should very much like to express a particularly good word for the publication—old or new.

The publication of my letter prompted several telephone calls and letters from colleagues of so many years ago and this has now entered into a most interesting dialogue between myself and old colleagues world-wide.

Despite the format of the Gazette I am pleased to note that it still maintains its ability to re-create old associations.

Thank you.

DAVID ERSKINE
10, Belmont Hall Court
Belmont Grove
Lewisham
London SE13 5DU

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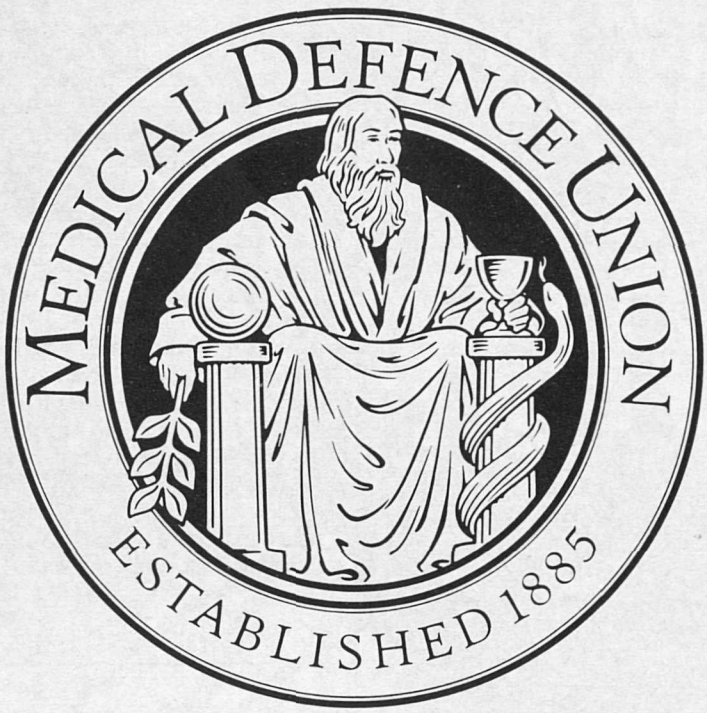

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GAZETTE NEWS

District general manager resigns

Professor Elaine Murphy has resigned from her job as district general manager of LNSHA. When she resigned she said that she wanted to pursue her jobs as Professor of Psychogeriatrics at Guy's, and as vice chair of the mental health act commission, but added: 'I am a supporter of the government's plans but am concerned about some aspects of their implementation'.

Some of the criticisms she has made include the fact that the government appears to be neglecting its community care proposals, that district authorities are not being given sufficient power to act as efficient purchasers, and that teaching hospitals are receiving special protection at the cost of poorer, smaller districts.

South Wales Guy's Hospital Society

The 39th Annual Dinner of the Society took place on Saturday 3rd March 1990 following the Wales v Scotland Match at the Park Hotel, Cardiff.

The new President Mr Nat Howells (Dental Surgeon) received the Chain of Office from the retiring President Dr Alan Phillips.

Forty members and their guests sat down to dinner and the excellent meal did a little to restore the morale of the Welsh supporters!

Mr Martin Jourdan, Reader in Surgery at Guy's and Mr Richard Johns, Professor of Dental Surgery at Sheffield were the guests of honour and were made Life Members of the Society.

The society are looking forward to a larger attendance at their next the 40th Dinner which will be on Saturday 16th February 1991 (the evening of the Wales v Ireland match).

Path finals success

The pathology finals for fourth-year medical students brought success for the Guy's entrants this year, when every single student from our campus passed, with three being nominated for distinction vivas. Congratulations to all the students concerned, who can now look forward to an uninterrupted elective in the autumn . . .

Elective threat

Students in their final year will be required to take part in an examination to test their knowledge in the subjects which will be examined in finals. The exam will take the form of a number of MCQ tests, and students who do very badly in all or part of the exam will be required to return home after eight weeks of their elective, to take some form of intensive teaching course to bring their knowledge up to an adequate standard. Any student who fails to return on the required date will be regarded as having 'failed to meet the requirements of the course', although what consequences that will have are not yet clear.

The introduction of the test seems to be a UDMS-inspired move, since the practice of examining students before their elective is established at St Thomas's, where a stick-based, rather than a carrot-based approach to education seems to be favoured. There, the exam has been held longer in advance of the elective, with students who failed being prevented from taking their elective at all. Despite opposition to such a heavy-handed approach on the Guy's campus, the best compromise our tutors have been able to arrange is the milder sanction of a shorter elective described above. Watch this space for further news.

Waiting lists

Every year optimistic forecasts are made about falling waiting lists. As usual most health authorities see them lengthening. Recent figures show a 3% increase in our health region—South East Thames.

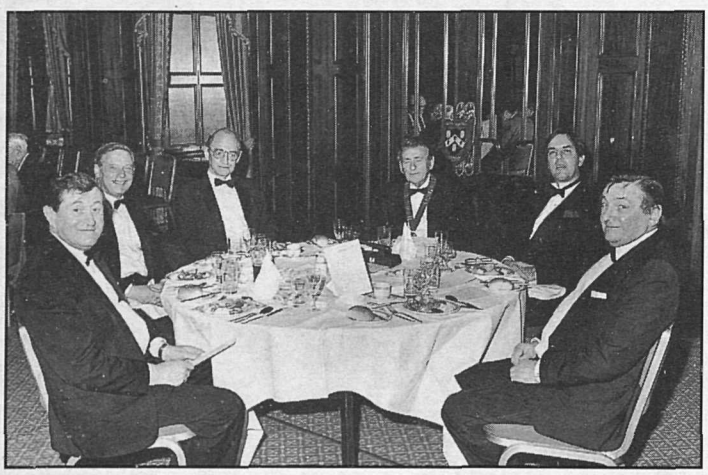
Company cars for doctors

The department of health has agreed to provide company cars for many of its hospital doctors. The 'perk' will be available to about 17,000 hospital consultants and to some 28,000 junior hospital doctors.

It is estimated that consultants will be able to get smaller BMWs, whilst junior doctors should be able to trundle along at 1100 cc.

Baby Tagging

Newborn babies at St Thomas's Hospital are to be electronically tagged. This move, the first of its kind in the UK, comes after the abduction of baby Alexandra Griffiths in February.



Shown above are *(left to right)*: Mr Graham Davies (Hon Sec); Mr Bill Lewis (Acting Treasurer), Prof Richard Johns, Mr Nat Howells (President), Mr Martin Jourdan, Dr Alan Phillips.

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Residents' Play 1989

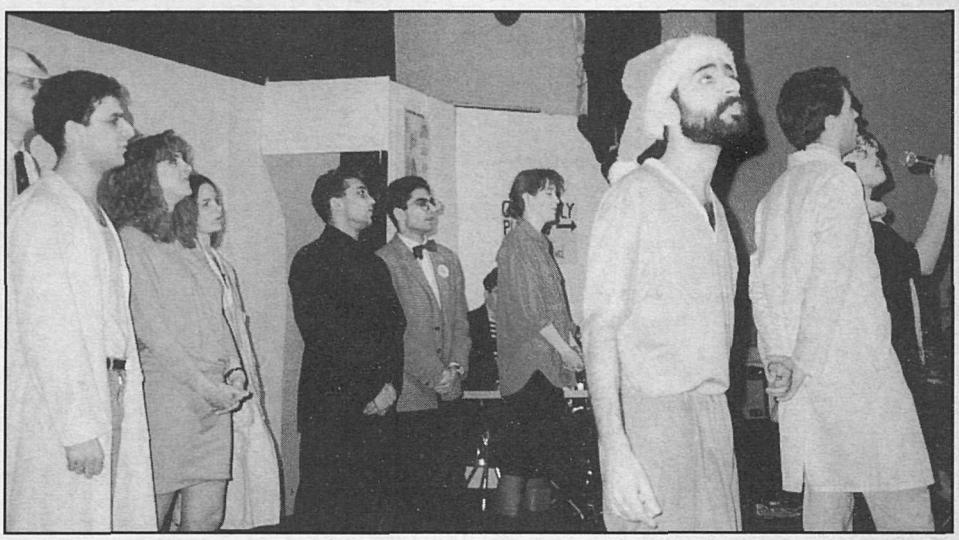
Dr John Rees tests his memory

Actors and directors in the West End and Broadway are reputed to rush to get the newspapers to read the review of their play from the night before. The cast from the Residents' Play have probably given up scanning the pages of the *Gazette* for this account by now and, if so, they will miss my apology for the tardiness of this review. Some of you may even have forgotten that in the long dark nights of winter there was a Residents Play called 'A Christmas Carol'.

'I am prepared to spread the blame widely . . . '

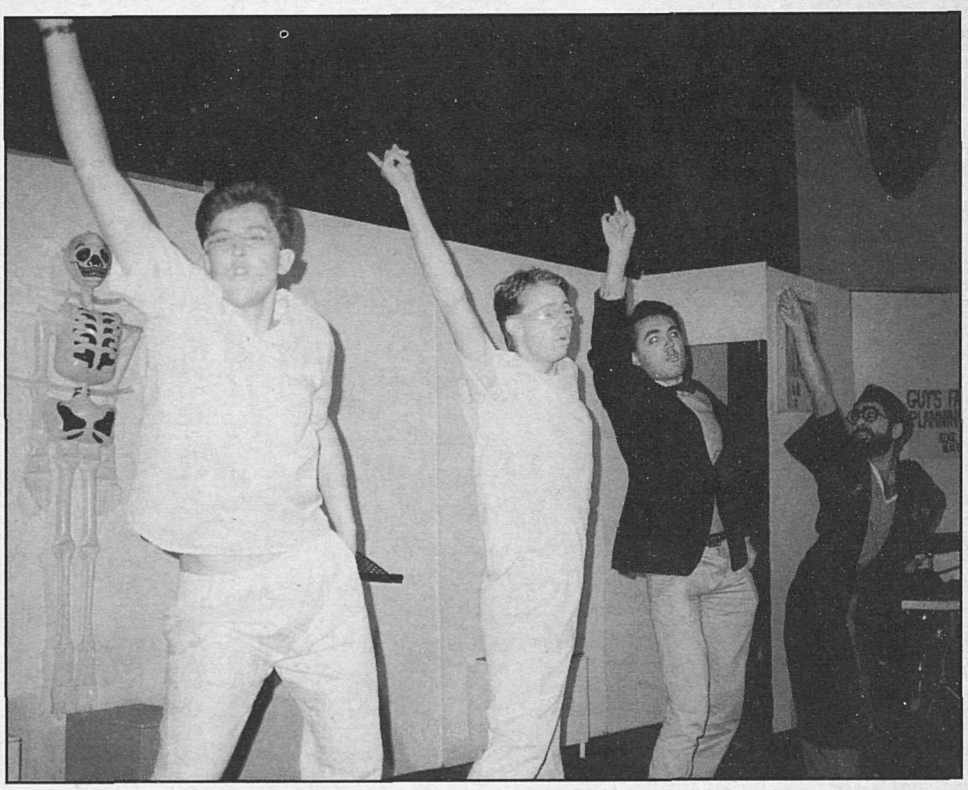
The late appearance of this review has its origin in a number of factors. These may be of little interest to the reader but the cast can wait a few more minutes to see their names in print and the delay has limited my recall of the play so much that I need to pad out this account with something. I am prepared with great generosity to spread the blame widely; the editor asked for a review some weeks after the play, the script (I presume there was one) has disappeared, the video of the play arrived two months later, despite my childrens complaints we do not have a video machine, none of the holes on my television seem welcoming to the leads from the Classroom video borrowed for the weekend. Eventually the video and I got it together and I was able to enjoy the Residents' Play for the second time.

The NHS White Paper was always likely to figure heavily this year and it appeared now and then to add confusion in typical form. The plot has a rough similarity to Dickens' tale, Ebenezer McScrooge is visited by the ghosts of Guy's past, present and future. A fourth ghost of a lady in blue with a handbag and a white paper put in an early appearance although her



***Above*: Ebenezer McScrooge and others in good voice.**

***Below*: 'Go Rees Lightning!'**



reign as Prime Minister started slightly later than Dickens time. McScrooge's alleged meanness is brought out in the early scenes as he refuses to let his houseman off for one hour after three months on duty. Shortly after he meets Richard Bright as the ghost of Guy's past, later Professor Keen takes over as the ghost of Guy's present.

Much of the play is sympathetic to the cause of the house officer although the even worse old days were recounted by three old stagers who hadn't been allowed luxuries such as oxygen to breathe.

Residents plays these days require a knowledge of popular tunes and television shows which stretches some consultants. There were some excellent songs particularly from Melanie Shuman and Gaynor Whiter, I especially liked their 'Sounds of Suction' and 'Venflons in my Hand'. Fortunately, for those struggling with the modern tunes the 'Modern Major General' was wheeled out, I'm not sure what the Residents Play will do if we ever get a civilian Casualty Consultant.

the 'Modern Major General' was wheeled out . . .

There was a suggestion that the skit 'Blind Date' was based on a television show but the idea of a show where a girl uses a few silly questions to pick a boy to take on a blind date is unbelievable. If there was such a show Cilla Black (Melanie Shuman) would make a good choice of compere and Sharon (Gaynor Whiter) an admirable contestant. For those of you who care about results the houseman would have won if his bleep had not gone off leaving Sharon in the clutches of a surgical registrar.

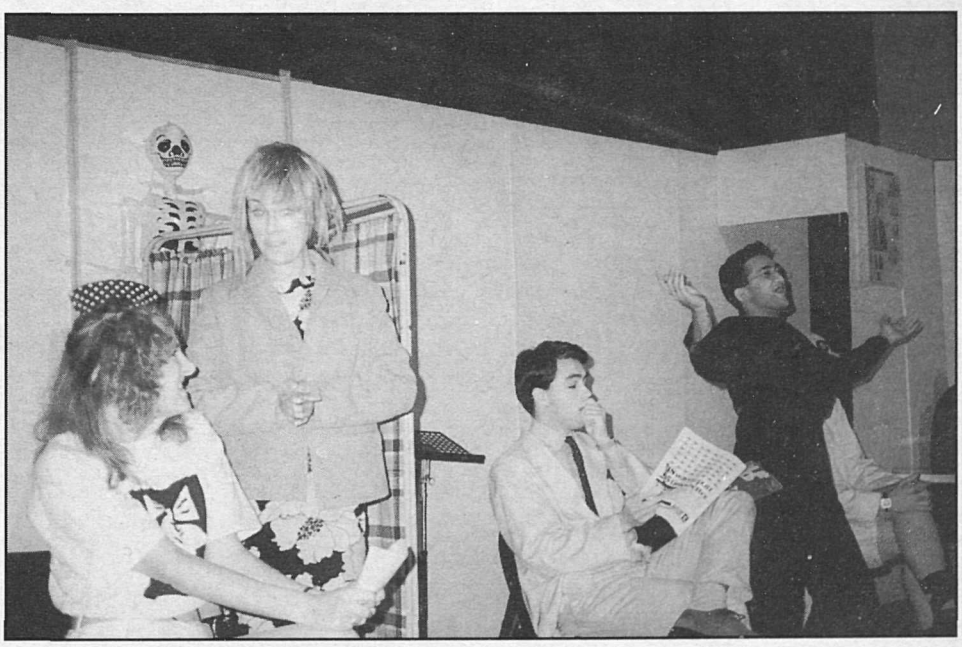
Aroon Hingorani produced a memorable performance and obviously has a second career as a pop star if medicine begins to lose its attractions. There were even more prostheses than usual this year, many of them sprouting from parts of Omar Yanni's anatomy. Most of the characterisations were good although I found it difficult to account for an individual called Rees-Lightning in Act 2.

The music of John Pollard and his band was up to its usual high standard. All round it was a fine effort particularly from Melanie Shuman and Aroon Hingorani who took large parts in the writing, producing, directing and acting. With luck this should appear in print shortly before the next Residents' Play is due, encouraging the continuation of this splendid tradition.

John Rees

***Above*: 'Step behind the curtain and you'll be seen in a moment'.**

***Below*: Melanie Shuman as Cilla Black has a lorra laughs.**



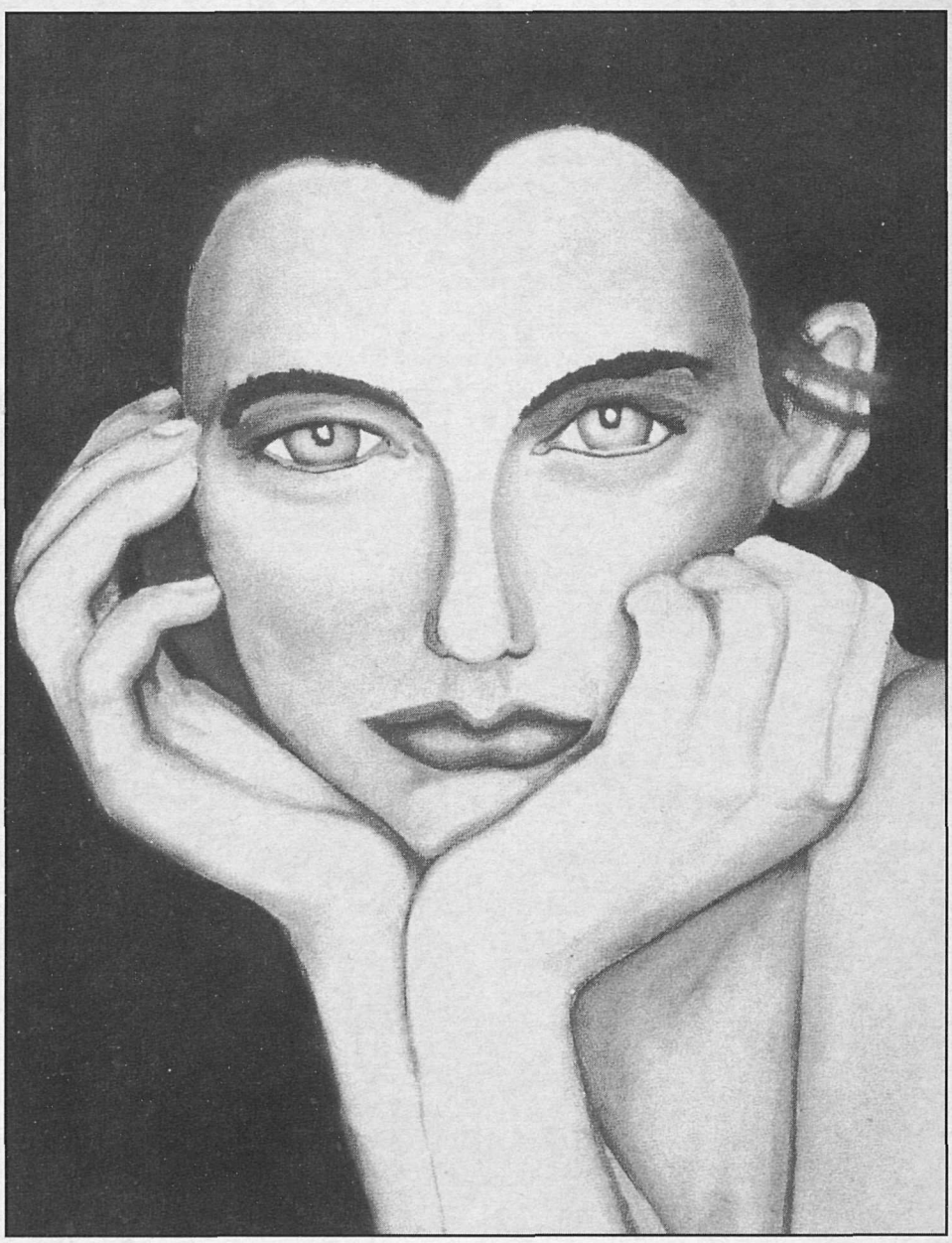
UMDS Art Society Summer Exhibition

Reviewed by our art correspondent

This was a remarkable event. Having been encouraged by student contributions and interest at the last 407 Art Club exhibition, Clare Walford continued to cajole and coerce on both campuses. The result was a fine show in the Boland House reading room, overlooked appropriately by the Wickham mural. It is worth noting that this picture, like the rest of Boland House, is in need of a clean.

There was an interesting variety of work and as with all amateur exhibitions the quality was uneven. Some styles were memorably idiosyncratic. Phil Downs has a penchant for brown, yellow and orange in his striking watercolours. His picture of dogs swimming, the first exhibit to be seen on entry, was the least of his work. In two French street scenes his use of paper and restrained brushwork was at its best, conveying bright sunlight in a convincing fashion. His figure scenes were well executed and choice of subjects unusual. These were in my view the least successful of his pictures although the artist is to be congratulated on his mastery of the medium.

Julian Speight's style is familiar to us and on this occasion he displayed his versatility. The second picture in the show was that of a face (*right*) cupped by hands and bright turquoise eyes. The same enigmatic and slightly unnerving touch was apparent in his papier mache models of a hand and an open mouth entitled 'The Cry'. In addition he exhibited photographs and a pop-art poster. He should be a major prop of this young UMDS society.



A 'Winter Scene' by Janine Smith was an oil, perhaps a copy of an old Dutch painting. She will forgive me if I am wrong. Equally charming was her ink and wash portrayal of St Martin's Church (*right*). The picture entitled 'Early Morning Mist' (*middle*) was an interesting experiment and a brave but sombre use of water colour.

I liked very much the bridge painted by Nahoko Kilbey (*bottom right*). Was it Richmond? The subdued colours were reminiscent of Corot. The suburban houses by the same painter showed considerable talent. The detail was a little chaotic and further simplification of the trees would have helped create a more harmonious feel. Perhaps placidity was not the artist's intention. 'Feeding the Birds' by the same painter was a scene of figures, lake, park and monument. A nicely constructed picture.

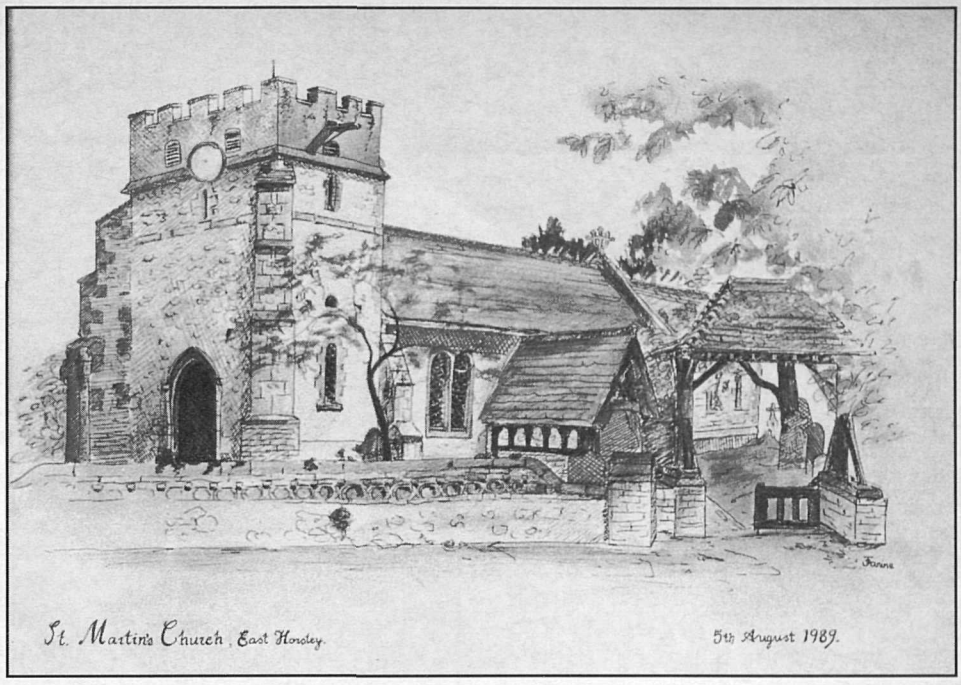
Justine Woodcock exhibited three charcoal portraits, a monochrome profile with a background of red poppies and the posterior aspect of a nude scratched onto a black background.

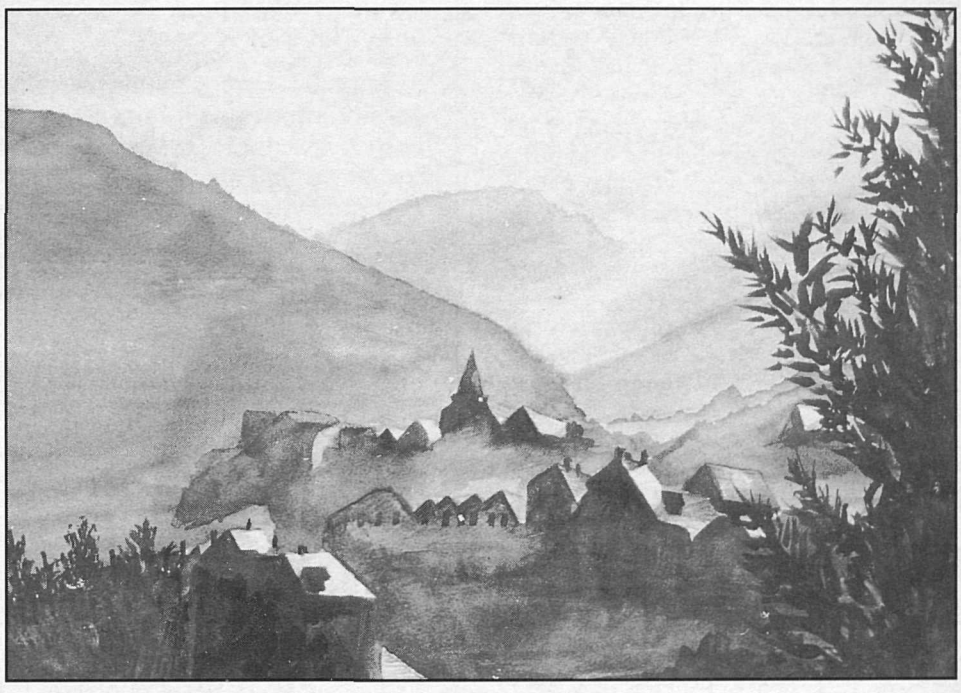
I am not sure of Monique's second name. Her pencil pointillism of a woman's face was well drawn. Her picture entitled 'Beauty' was an idealized face with prominent cheek bones. I suspect that this was not painted from life. Steve Cutts also displayed a preference for portrait with a pencil drawing of Frank Sinatra. Drawings by Alison Currie of a pepper, a clown doll and a telephone revealed a confident use of pencil. She displayed an extravagantly colourful sunrise in poster paints. Here was a picture that would have created more impact if it had been mounted and framed. The extra effort makes so much difference. Other pictures by Alison Currie were delicate colour pencil drawings of flowers and a similarly neat, geometric pattern entitled 'Building Blocks'.

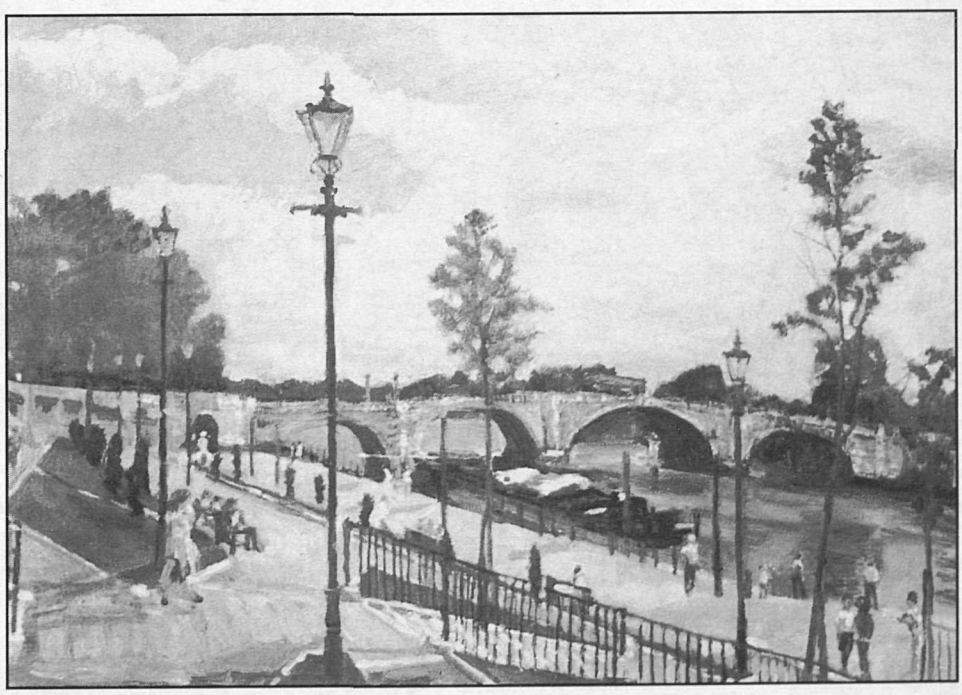
Sarah Macfarlane's portrait of vaguely familiar features was entitled 'Charlie'. Do I know him, I wonder?

Clare Walford entered an excellent oil of a lady washing her hair. This was a well-designed picture with a good choice of colours. The bowl and jug were beautifully reproduced and taken as a whole the painting was a mature piece of work.

A 'Stock Exchange Bat' was a sheet of share quotations overprinted with a green motif. This was Sanjay Singhiv's only work. It was as intriguing to me as James Rupert's neon bright picture entitled 'Rizla in Wax'. Rather more prosaic were Richard Martin's girl in a red bathing suit seated in water, a bikini-clad female and a view of boats on a beach. Were these products of a simmering summer holiday, or wishful fantasies?







To add interest were reproductions of student paintings exhibited at the last 407 Art Club exhibition. These seemed to be the only works for sale. There were also photographs by John Matthews and others by Clare Walford, and someone called Jolly, in addition to those already mentioned. Taking photographs must be one of the welcome distractions from the rigours of an elective appointment overseas. Finally there was reference to the Art Society's plans for a silk screen printing service. The potential for decorating T-shirts was illustrated by several imaginative examples.

This excellent and highly encouraging exhibition moved to St Thomas's campus for three days after the Guy's show. The enterprise and energy of Clare Walford made it all possible and one hopes that the society will now become an acknowledged facet of student life on both campuses.

The next show will be combined with the 407 Art Club and is scheduled for December. Those interested in exhibiting should contact either Clare Walford, via Boland House, or Dr T Gibson, Dept of Rheumatology, on extension 4310.

Guy's Hospital — 250 years

Have you ever wanted to know more about the history of Guy's? What was student life like in the nineteenth century medical school? What happened in the Residents' Plays of the forties and fifties? How about nursing, midwifery, the Wills Library? Or the early days of X-rays?

This 240 page, illustrated paperback gives a history of the achievements in every field of Guy's life for the past 250 years, and is available for only £2.95, including postage and packing, from the Gazette office. The book makes an ideal gift, and only a limited number is available.

Please send cheques or postal orders, made payable to Guy's Gazette, to Guy's Hospital — 250 Years, Guy's Gazette, Boland House, London SE1 9RT.

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Fison Memorial Lecture

The Fison Memorial Lecture was held in the lecture theatre on floor 30 of the Tower on 5 June, when the speaker was Mr Michael Kenward, ex-Editor of the *New Scientist.*

The lecture is held in memory of A H Fison, a phsysicist at Guy's who died in 1923. Fison was much beloved by students and staff alike for the great clarity with which he was able to explain topics in physics and the philosophy of science. According to the Gazette of that time it was impossible to obtain a seat in one of his lectures on philosophy, such was their popularity. After his death a fund was established to pay for an annual lecture to be given by—to quote the Gazette again—'a prominent philosopher of science'. As a physicist and editor Mr Kenward did not, perhaps, meet this exacting specification, but nevertheless he arrived at Guy's having recently retired from over ten years as editor of Britain's leading popular science magazine, so many of his audience were expecting that he would, at least, have some interesting stories to tell of that experience.

We were disappointed. Mr Kenward began by telling us the names of some of the previous Fison lecturers, who include such scientific heavyweights as J J Thomson, Sir Hermann Bondi and Sir David Weatherall. These are very hard acts to follow, and anyone could be excused for feeling nervous at the prospect of so doing, but Mr Kenward did little to commend himself to his audience (about 30% of whom were professors) by providing such fascinating insights as, 'Sir Hermann Bondi's lecture was on the subject of energy, a subject which, interestingly enough, is still of interest today'. He continued to supply so many examples of previous lectures whose subjects would 'still be relevant today' that one began to wish rather earnestly for the opportunity of putting his theory to the test by listening to Sir David Weatherall instead.

Once the guided tour of previous Fison lectures had finished, I assumed that we would move on to the subject of Mr Kenward's talk, which was unhelpfully titled 'Science: write or wrong', but in fact the most intriguing part of the whole lecture was trying to guess what point it was that Mr Kenward was trying to make. It was definitely something to do with how the press treats science, but beyond that I'm afraid I was left in the dark. We were treated to a haphazard series of press clippings, dealing with various scientific stories. Mr Kenward continued to underestimate his audience. At one point, he even told us that 'different newspapers may treat the same news story from a very different perspective', and then compounded this insult to our intelligence by continuing, 'You may not realize because you probably just read one newspaper that fits in with your political views'. Scientists may have a reputation for lacking in worldliness, but surely Guy's Tower is not yet solid ivory?

The talk ended with Mr Kenward showing us a series of press cuttings featuring semi-humorous typographical errors. It would be hard to think of anything further removed from the original intentions of those who first contributed to the Fison Memorial Fund in 1923.

Psychiatry for Students. 7th Edition. D Stafford-Clark, P Bridges, D Black. Unwin Hyman. 320 pages

This popular textbook of Psychiatry for students has now reached its 7th edition after 26 years in circulation. Although it is of compact size, it remains one of the most comprehensive textbooks of Psychiatry for medical students.

The book is divided into 5 main sections. An introductory section provides a brief over-view of the subject with further chapters on clinical history-taking and mental state examination. A further chapter provides a brief introduction of classification systems in Psychiatry. The second section covers the neuroses. There is a detailed account of personality development and personality disorder, a subject which is often rather difficult for students to understand properly. Other chapters deal with anxiety, hysterical states and obsessive-compulsive disorders as well as bereavement reactions and depression. The third section deals with the psychoses. There are well-written chapters on mood disorders, organic disorders, psychiatric illness in the elderly and schizophrenia. The chapters on mood disorders and schizophrenia provide particularly comprehensive accounts of these illnesses. A fourth section describes various other syndromes, together with an account of alcohol and drug abuse and mental handicap. In addition, there is a brief over-view of Childhood and Adolescent Psychiatry. The final section deals with management issues in Psychiatry and includes a well-written section on physical treatment in Psychiatry. Psychological treatments are not neglected and there are clear accounts of long-term and brief psychotherapies. Encounter groups, Balint groups, behaviour therapies and hypnosis are also described. This final section of the book also includes notes on dealing with psychiatric emergencies and a helpful chapter on Psychiatry and the Law which provides a description of the English Mental Health Act and similar Scottish legislation.

A major feature of the book is that theoretical and clinical material are combined to enhance the students' understanding of the subject. The clinical vignettes chosen throughout clearly illuminate the factual material in the text and demonstrate its clinical relevance. Acquisition of the knowledge in this book should take students well beyond the standard required for the Final MB examination. It should appeal to all students who wish to gain an understanding of Psychiatry. Student psychiatric nurses and occupational therapists would also find this a useful reference book for their shelves.

Anon

REVIEWS

Cash's Textbook of General Medical and Surgical Conditions for Physiotherapists. Second edition. Patricia A. Dawnie, Faber and Faber, London. Boston 1990. £12.95

What is new? 'Cash' in its various volumes has appeared on the recommended reading list for physiotherapy students over many years, but this particular edition contains new and useful chapters on psychiatry, adult mental handicap, veterinary physiotherapy and the elderly. In the course of revision and update of existing chapters such topical issues as AIDS, infertility and euthanasia have been touched upon. Thus, at a time when a wider interest is being instilled during training, this book provides a useful stepping-stone; encouraging the student to plumb greater depths in areas of physiotherapy that later in their career may prove to be of specialist interest.

The text is well presented with further inclusion of diagrams and photographs. In some instances, chapter titles have been modified and reference lists amplified, but unfortunately a glossary is omitted. With twenty two contributors of diverse interests and background in the space of twenty eight chapters, topics are presented somewhat in isolation and, maybe, superficially at the sacrifice of consistency. Comparison of the first and second editions suggests that although all chapters may have been revised, there is still room for future updating. Sadly, the inclusion of some excellent and detailed line-drawings are not supported by a sufficiently detailed text, assuming that the reader possesses previous background knowledge although three chapters are devoted to Obstetrics and Gynaecology.

Some chapters are arguably not true medicine, for example animal therapy with its interesting comparative anatomy. Therefore, it is difficult to see an even balance in the weighting between medical and surgical topics. When viewing the edition in its entirety, the feeling is that it attempts to cover too great a range—amputations to cerebral palsy, and paediatrics to the dying, resulting in a glossing-over of aspects that will then need to be followed up in other books.

Nonetheless, it is still a useful reference text at a moderate price for all, including students, who have a vested interest in physiotherapy.

Jean A Jones

Penguin Nursing Revision Notes: Care for the Elderly. A new revised edition 1990

This is the seventh in the Penguin series of revision notes that I have reviewed. The six earlier editions were very good and this one is no exception. It has been completely re-written with a holistic approach to the nursing care of the elderly. Considerable emphasis is placed on the admission assessment of patients to include their physical, social and mental status. The eventual rehabilitation of the patient commences on admission day with a multidisciplinary approach aimed at keeping the elderly patient as independent as possible. Included are some excellent individualised care plans for specific conditions.

I can recommend this edition to all nurses in training but particularly for nurses involved in care of the elderly units. It is full of valuable information and modestly priced.

Patricia Callaghan
Tutor
Guy's Hospital
School of Nursing

OBITUARIES

Ronald Thomson Grant

Ronald Thomson Grant OBE, FRS, DCH, MD, FRCP, will be remembered with affection and sometimes awe by many older Guy's graduates and nurses. He came to Guy's in 1934 to pioneer full time clinical research. His Medical Research Council's Clinical Research Unit was based on five beds on Barnabas Ward, a Tuesday morning medical out-patient clinic, clinical laboratories in Hunt's House and science laboratories located on the top floor high up in the Pathology Block.

RTG was born in Glasgow on Guy Fawkes' Day in 1892 and educated at Glasgow University. Although his medical student career was interrupted by active service in France in World War I—an experience he never forgot—he returned to qualify and tried a career with his first wife in Australia. It didn't work out and he later returned home and became interested in research.

In 1924 he joined Sir Thomas Lewis at University College Hospital and so began a powerful partnership between the mercurial vivacious Welshman and the cautious taciturn Scot. Both being interested in the circulation, their collaboration ranged over many topics, bacterial endocarditis, Raynaud's disease, changes in skin temperature and so on; they were always developing measuring techniques and took advantage of the capacious venous bed of the human forearm to develop the plethysmograph.

Grant himself became increasingly fascinated by the capillary circulation and the arteriovenous shunts in the pulps of the fingers and toes, investigations which led to his election as a Fellow of the Royal Society in 1934.

Sir Thomas Lewis is said to have recognised that the physicians and surgeons whom he met daily over lunch at University College Hospital were sufficiently well aware of the potential intellectual forces that could be unleashed by clinical measurements for Grant to move to another London teaching hospital to ignite the flames

of interest in clinical research there too! Consequently in the same year he got his FRS, Grant set up the MRC Unit at Guy's and began recruiting men to help him achieve that objective—Holling, McArdle, Reeve and later on myself and A St J Dixon.

Grant's influence on us and more widely in the hospital was his concern for accuracy, not only in clinical measurement but also in the use of words. When the bombings of London in World War II brought casualties into the surgical wards, then in Guy's House, he was first fascinated then perplexed and finally stimulated by the loose clinical use of the word "shock". He saw one great surgeon order a blood transfusion and another stop it and so on. There were also rumours abroad of unknown factors at work in shocked cases. All this was obviously an excellent field for Grant's style of clinical investigation and, joined by Guy's graduate Basil Reeve (later Professor of Medicine in Denver, Colorado) he began measuring blood volume. The two of them, wonderfully assisted by a Liverpool technician, John Armin, became engrossed in their studies and moved wherever there were suitable cases for investigation. Between the raids, Grant occasionally jousted in discussions with one of Guy's wartime staff, Ludwig Wittgenstein but with the defeat of the Luftwaffe they had to go overseas for casualties and followed the Eighth Army through Italy.

Their conclusions, published in a careful MRC report, showed that there were no strange "shock" substances but that blood loss was the central feature of the condition. Soldiers who lost a litre of blood or more were very susceptible to dangerous, even fatal, vasovagal attacks if surgery was attempted too soon and transfusions of plasma or blood became mandatory—resuscitate first. Post-operative low blood pressure was traced to vasodilator substances in the infusion materials and in some case from the rubber connecting tubing of those transfusion sets. Some investigators told me they were disappointed when Grant and his team did not unmask any "shock" substances but the plain fact is that Grant's simple measures of assessing blood loss and his ways of evaluating the need for transfusions saved many soldiers lives. His work paved the way for heroic operations after trauma which would not have been safe without his pioneer efforts close behind the fighting lines in Italy.

In his last phase through the 1950's, 1960's and into the 1970's, Grant patiently unravelled with Armin the effects of catecholamines on the denervated (and therefore sensitized) central artery of the rabbit's ear which he used for bioassays. His step by step experimental exploration of the vasoconstrictors in the rabbit's circulation are all set out in an exemplary series of papers in the Journal of Physiology. It is said that the editors never had to correct Grant's typescripts. He attributed this to the tough training he got as a schoolboy making pocket money writing press accounts for his father, who was Editor of the Glasgow Herald and who crossed out every unnecessary word rather than pay a penny fee.

After his retirement Grant lived on in his beloved Farley Green Cottage surrounded by the garden on which he lavished so much care. If you phoned him to congratulate him on an important birthday his gruff 'thank you' touched your heart. He died peacefully on November 7th 1989 just aged 97.

Grant will be remembered by many as a tall, slightly forbidding, reserved red-haired Highland Scot who seemed slightly out of place in the Guy's ambiance of talk and bonhomie. He had bold leonine features and strangely hooded upper eyelids, which were often mentioned in Membership Teaching classes as resembling those of patients with myaesthenia. I think the lids were really associated with his shyness and the fact that having lost his second wife in childbirth he always had a wistful sadness about the human condition. Sitting at lunch in the Medical School among his clinical colleagues—Brock, Atkins, Slesinger, Grant Massie, Boland and his laboratory friends Robert Thompson, Payling Wright, Geoffrey Gorer, Geoffrey Haslewood and Paul Polani, visitors often noticed him as the silent one, the observer. Indeed he liked to entitle his papers "Some observations on . . .". Grant was the acknowledged arbitor of thoroughness and care, stern in his judgement, cautious in his praise. Those who worked with him felt the privilege of knowing him, even if there were sometimes clashes with his discipline. He was certainly one of those people who made you tighten up your thinking and take care about what you said and how you presented it to him. I remember he cut me down to size by insisting I hand-make twelve 0.1 ml. capillary pipettes to measure blood glucose with; I was given the capillary tubing, a Bunsen, a file, a balance and some mercury; Try that, oh you of the Autoanalyzer Age.

But he looked after one. When my first wife died in childbirth like his, he called me in and by his demeanour showed he knew exactly my state of mind—he simply told me he'd been through it and that time and work were the only cures. One felt one gradually got closer to him too with the passage of time. I remember he once called me in to his office and gracefully yielded on some point of hot discussion. This evoked however a revealing remark 'I'd always thought of myself as Tiger Grant' he said pensively, 'but I suppose even tigers err'.

You will gather that one loved him. He phoned me the night before my interview for Guy's first-ever clinical Chair: 'Butterfield?' 'Yes sir' 'Don't talk too much tomorrow'. Click. Sound advice for which I shall always be grateful.

Grant's third wife died in 1985 and he is survived by his daughter, Diana Voos, who works in the Library at the Institute of Psychiatry. She led a moving Memorial Gathering for this remarkable man at Farley Green on November 17th last year.

Felix Norman Corfe

Felix Norman Corfe, born 27th June 1906, M.R.C.S. Eng., L.R.C.P. Lond., L.D.S.R.C.S., Eng., who practised for some 55 years as a dental surgeon in Muswell Hill, died aged 83 on 1st May 1990 at the Royal Bay Nursing Home, Aldwick, Bognor Regis. He was a student at Guys, and in addition to his private practice, he worked at a number of hospitals in central and West London from 1939 and throughout the 1940s and 50s. He leaves a wife and 3 sons.

Vicissitudes in Training Nurses

A radical review of nursing and midwifery education in the Authority's jurisdiction is taking place. Firstly it should be said that the School of Nursing and the Olive Haydon School of Midwifery, which operates between Guy's, Lewisham and St Thomas's, are viable entities and could continue in their present form. Secondly, the alternatives are not mutually exclusive and may precipitate further changes in the future. One proposal is an amalgamation of our present schools with the Nightingale School at St Thomas's. This could be for nursing and midwifery alone, although another proposal is joining with UMDS, to make a joint nursing, medical and dental school between Guy's, Lewisham and St Thomas's.

Degree Course nurses already train in Guy's in association with the Polytechnic of the South Bank. One suggestion is a Polytechnic based nursing curse organized from a polytechnic, possibly either South Bank or Thames; a University based course is yet another idea.

A College of Health, where nurses would initially train alongside students of physiotherapy, occupational therapy, radiography, radiotherapy and other health disciplines is also an interesting concept. This would place, as does the new syllabus and Project 2000, a greater emphasis on health promotion and preventative medicine as a way forward from simply treating disease. The ENB would need to validate whichever training route is finally agreed.

At the moment all these options are available for consideration. The Steering Group is seeking advice and opinions from both those on the education staff and service staff who will be affected by the changes. If you think some of this sounds more like 'Concrete 2000'—i.e. the winner had the biggest piece of masonry—than 'small is beautiful', then now is the time to speak.

One matter is clear: nurses' education will not stand still. We are proceeding towards the twenty-first century and patients must be central to this. If learners' training takes them more and more away from the bedside into the classroom they will need some point in their experience to make up for this or we will have academically gifted, but practically cack-handed, nurses.

Denis Cobell

Acronym acrimony

Abbreviations are, of course, for economy of communication; acronyms develop as people tire of repeating identical sets of words and reduce them to their initial letters. This can be regarded as a proper pithiness or a disabling disease depending on whether the recipient recognises the meaning. All disciplines generate their own private glossary which helps to define the group and ensure exclusiveness; this is evident in the secret societies formed by 10 year olds but in adults it is called professionalism. Medicine is a world leader in this respect.

Interpretation difficulties may arise where communication is needed outside the formal group; for adequate translation it is necessary to know the source. For example, patients described as having 'low back pain—probably due to PID' will be suspected of having a Prolapsed Intervertebral Disc if the referral comes from the Orthopaedic Department but as having Pelvic Inflamatory Disease if it comes from the Gynaecology Clinic.

Anywhere in medicine PD will mean per diem except in Physiotherapy where it also means Postural drainage; generally TB means tuberculosis but in Naval Hospitals it may also refer to torpedo boats. In laboratories TLC (thin layer chromatography) is doubtless applied with TLC (tender loving care). One has to keep one's wits about one.

In Guy's each team of physiotherapists listed the abbreviations that are commonly used in the speciality and these have been collated. What a task! They were listed alphabetically and it was not surprising to find that there were several meanings for many of the abbreviations. Discussions continue, decisions have to be made and a concensus has to be reached. Some abbreviations have been censored, others have been accepted to stand for one meaning only. Eventually we hope to hold a central document which will be the accepted norm for the department. A working party is making the decisions and eventually all staff will have to abide by the final list. Thereafter additions/alterations will have to be submitted to a standing committee and the decision will be local law.

All this encourages investigation and allows the ultimate use of QEI (Quad erat inveniendum).

JLL
DMI

Boat Club

United Hospital Bumps 1990

Exam commitments in all disciplines reduced the Guy's entry to seven boats compared to last years eleven. Despite the disappointing weather there was a good turnout both physically in the boat and vocally on the banks. We boated from Horseferry Boat Club at Kew Bridge, which the club annually loans us specifically for the bumps over the three afternoons of racing.

In the ladies' division, the 1st VIII had an unlucky first day to be bumped by UCH, the new treasurer wishing she'd brought a spanner and spare top nut. After a rallying second day the crew rowed over but excelled on the Friday to pull in UCH, thus retaining their position at 6 overall.

The ladies 2nd VIII, experiencing bumps racing for the first time, could not hold the George's crew behind them moving down two places over the three days. On the other hand the Hockey Horrors, the dinosaurs of Bumps racing, won't be seeing the blushes of position 23 for a while by pulling off an astounding triple overbump on the first day. Out of their depth in the division they subsequently lost two places to finish in a well-earned nineteenth slot.

The men's divisions are divided into two; the second division aimed at the less serious crews. The 1st VIII, starting at position six in the first division made hard work of bumping Barts on the first day but confidently annihilated Charing Cross and Westminster II on the Thursday. The positions entering the Friday left Guy's a chance to assault the unchanged top three order of London (head), CXWI (2nd) and St Thomas's (3rd). After some serious psychological warfare up at the lock before the race all four crews waited on the stakes anticipating a long hard battle to the finish at Kew railway bridge. The anticipation became reality but despite all crews closing on each other bumps proved elusive. We finished a satisfactory 4th, the only crew to move up in the top ten crews.

Despite bumping up on the first day the 2nd VIII rowed over on the Thursday but were bumped back to position 19 on the Friday.

With the Path Boys embedded in their Mackonkey agar approaching end-Stage revision, unable to defend last year's position, it was left to the 2nd MB Sociology to head division 2. Having only rowed together a few weeks the 'boys did well' and the term 'flooding' took on a whole new meaning but they could not hold off the onslaught behind them over the three days. The Rugby Club gave their annual show in an ageing Sam Wilkes but despite the lack of a dress rehearsal they received a standing ovation and proceeded to drink everyone under the table at the City Barne.

All in all it was a good three days, with keen participation from all concerned as ever. With the Bumps over for another year it is now left to the ladies' IV and men's 1st VIII to complete the build up to Henley on 23 June and 4–8 July respectively.

Andy Williams

The 'Harry Burfoot' in its mould at Aylings with Harry Burfoot and the crew.

The 'Harry Burfoot'

On Sunday 13 May the boat club launched the new ladies' Aylings coxed IV at the Guy's Boat House at Chiswick. The boat is named after Harry Burfoot who has worked at Guy's for many years originally as clerk to the Governors and then as clerk to the Special Trustees. He has now retired but is still very much involved with Guy's, working with the Special Trustees and Friends of Guy's. Over the years he has done much work with the students involving several clubs including the boxing and sailing clubs. We are very grateful to Harry Burfoot and all the Special Trustees for their generous contribution to our new IV.

The launching began with champagne and snacks, followed by several speeches. Harry Burfoot then christened the boat with champagne and the ladies' crew took the boat out for its first outing.

The ladies' 1st IV have been training and rowing together all year, with a view to rowing the summer regatta season and ladies' Henley in the new boat. Despite its late arrival we have been extremely pleased with the boat and hope it will bring us much success in the summer regattas, ladies Henley and in the future.

Chiswick, Borne and Metropolitan Regatta

Chiswick Amateur Regatta on the 5th May was the 2nd race of the season from the ladies 1st IV. After our disappointment at Hammersmith we were fully prepared for a tough race. In the first round we beat Mortlake, Anglian and Alpha after a good race. In the second round we beat Women's Rowing Centre and St. Pauls Girls School after an excellent start and beat Kings College by 3 lengths in the final to win novice class. This was the highlight of the season so far and was the first ARA event that the crew had won—we felt extremely satisfied that we had won out of 12 crews and after 3 such difficult races.

A week later at Borne Amateur Regatta we soon noticed the difference in standard rowing in Senior 3 class and were beaten by Mortlake, Anglian and Alpha and Thames Rowing Club in the first round.

On 26th May we took the new boat for its first race in the Docklands Metropolitan Regatta. All four crews were level at 500 m but over the next 1000 m Marlow and Lea pulled ahead to beat us. We managed to stay level with

Kingston throughout the race and pulled away from them towards the finish to beat them and finish 3rd out of 4.

Crew: 4—Diane Bessey
3—Liz Gibson
2—Danielle Smith
1—Caroline Burt
Cox—Andy Klein.

Liz Gibson (Ladies Capt.)

Hockey Club I

1990 Ladies Hockey Tour

There was much confusion in booking the minibus—three of them turned up on the day before the tour started! Nevertheless, ably handled by Tri, fourteen tourers set off, remarkably on time on Maundy Thursday.

Equipped with a map of France and Belgium, we set off for Holland (thanks Penny). Abba abounded and Dover was cautiously approached. The ferry crossing was uneventful bar Rhi descending below the level of 'Rhisonableness'. Much competition singing by all. And so on to Den Haag via the South of France and Schipol airport with a break for Ruth on the E17 for an ectopic loo stop in a dyke. We were greeted by 'rent-a-van' and whisked off to the Voorshofen Hilton (phew—not a THF!). Excellent Chinese meal followed by visits to the pot plant, stairs and eventually the suite (thanks Fran). Breakfast was enthusiastically scoffed (where's Whe!) before setting off for Amsterdam (where's Whe!). Cultural visit to Van Gogh exhibition (where's Whe's bucket?) and Sex Museum (there's Whe!).

And so back to the Club (where's Tri?). First evidence of hockey appeared and shirt swapping with the opposition (there's Tri!) Much high spirits and home to bed.

Early the next evening, numerous penalties were awarded which set the evening rolling aided by the stimulating company of fifteen wee Gaelic lasses and Sloe Juice. Team amnesia ensued.

Sunday saw a few problems during the daytime but fortunately the UL Cup Winners regained their form by the evening and reached the top of the table—only to come crashing down (it was a tragedy for us!). Inflam behaviour resumed with Linda as John Travolta. Rebecca was meanwhile out 'jogging'.

Match Reports:

An international tournament of National Standard! Astroturf stumped us at first but then goals came easily from all angles of the pitch. Guy's fought courageously from one round to the next losing on the final day by flicks. The crunch came when we met the Scots at the top of the table. We graciously received the trophy—only to knock its head off!

DARE QUAM ACCIPERE.

P.S. Thank-you to Oranjeboom for awarding the teams 1600 litres of 'beer'.

The team

Rugby Club

Guys Rugby Club Reunion
March 31–April 1 1990

The eighteenth reunion weekend started quietly. There was only one Saturday game and the dinner did not clash with any distant away fixtures, marriages, engagements or funerals. It was therefore well attended by a relatively sober and not overly excited body of present players, past players and partners. The club's guests were Professor and Mrs Ian Cameron, Principal of UMDS

It was a pleasure to see Rose and Stephen Duckworth who always attend these functions. Stephen's many friends will be reassured to know that he is extremely well and flourishing.

The nurses dining room is a bit small for the event but despite the congestion food was served with commendable speed. The bar remained busy although the hospital caterers nearly caused panic by assuming that the demand for beer would be confined to two crates of bottles. Once disabused they contrived to rectify the misjudgment.

The food was accompanied by live music and interrupted by a series of speeches from Gareth Parry, the past captain, Neil Davies the present captain and the Club President. There were some more or less funny anecdotes and Gareth's stories were noted for posterity.

Dancing, less frenzied than in the past but enjoyable for all that, continued until midnight. Thereafter there was the usual slow drift into the warm night, some to continue imbibing, others to climb trees and a few to their homes. Many intended to resume the Party at Honor Oak Park the next day, and most succeeded.

First XV, Present 42 Past 10
HOP April 1

After having dominated this annual competition for a number of years, last year's reversal seemed to persuade several alumni to hang up their boots. The captain of the Past, Gareth Parry, was reduced to some covert persuasion during the previous nights reunion dinner and was only able to complete his side with a couple of subversive last minute 'loans' from Jamie Coombes' Present 2nd XV.

This did not bode well for the Past, who were up against a full-strength Present XV, although they did start with determination, though with a nagging self-doubt lurking in the cobwebs. There was always the hope that the four forwards who had not played for a year would be extremely fresh and that the three forwards playing in the three-quarters would worry the Present.

The Past began by trying to intimidate with weight, although somewhat more half-heartedly than in previous encounters. The line-outs were evenly contested and evenly won, but, following early set-backs in the scrums, the hoped-for rust did not fall away and the Present held the upper hand throughout. The Present's game plan (possibly the first time one has been used by the first XV) was to win second phase possession and spin the ball wide. This led to early tries for Simon Bunting and Bill Schaeffer on the wings, for Docker up the middle and Jamie Barwell all over the place.

The Past worked hard to make a game of it on a very hot, fat-melting day and there were moments when things gelled, briefly. Throughout the game the threequarters, particularly the earstwhile flankers, tackled assiduously, but there were usually more Present players to rekindle the move. The Past's only reward for an afternoon's toil came when, on two occasions, Graham Bevan interrupted the Present's scoring with tries, One involved a 60 yard sprint which looked distinctly uphill on Eric's normally flat pitch.

The memorable moments: the popularity of a maul which featured Present captain Neil Davies helpless at its centre Simon Bunting's anguish as he approached his third, gin-winning, try, the score that gave the Present victory 42–10.

Second XV, Present 34 Past 10

On a hot day, without the levelling effect of mud, a high scoring victory for the younger present side was anticipated. The forwards engaged in the usual close encounter and honours were equally shared. However, the past side could provide no answer to the pace of the present backs nor the scavenging in the loose of Skyrme, Linney and Cunnington. Chew left the field within minutes following a recurrence of a knee injury. The past Captain thus used up the substitute he had reserved for his own departure. Hobbling around with a calf injury and a broken metacarpal from the previous day's game, he was more of a hindrance than a help. Decrepitude was thus all too evident amongst a rapidly tiring Past side which was fortunate to be losing 16–0 at half time.

As the second half progressed, the Present side looked increasingly impressive. Playing with a fluid style scores accumulated. Steve Lewis, Pat Gush, Jamie Coombes and Andy Linney all added to the total. Meanwhile the Past players manfully struggled against the tide and counter-attacked whenever possible. Opportunistic scores came from Anderson and Jim Lewis. Martin Danford converted one of these from the touchline demonstrating that his place kicking is still astonishingly good.

The end result was just and the comparability of the scores on the two pitches heartening for the Club, Past sides which have held or beaten Present sides have reflected a falling of standards amongst current players. That trend may have been reversed. There are many talented players in the club and competition for the first fifteen has been vigorous. All four Club teams have had outstanding captains, able to organise and set an example on the field. Their standards were apparent during the reunion games.

It was a marvellous day. After the games, players and supporters sat in the sun, taking refreshment in a scene more reminiscent of a garden party than a rugby match. Once again, the Club is grateful to Joyce and Eric Darvin who work hard to make these events so special.

Portugal Tour

Due to the near total lack of rugby on this tour there will be no tour report. Instead we will reprint the surveillance report prepared by Police Officer Paolo di Waita, who followed the tour party throughout in Standard Disguise Number 13B: The Quiet Oriental.

'I picked up the tourists on their arrival three hours late at 01:00 hrs. Their flight had been delayed by a mid-air radar malfunction much appreciated by the one they call Docker, although I was informed that they were fortunate to make the flight at all, due to the propensity of the South American cyclists to fall under piles of bodies. I knew that I was going to earn my unsociable hours bonus when on arrival the Gringos immediately visited a local bar to practice their relay skills—I feared that the baton passing may have a more sinister use later—I was wrong, it didn't.

'As anticipated, the entire party descended on Estoril beach and I was able to observe all twenty three from a shaded area. At 19:00 hrs they played what transpired to be their only full match of rugby. I felt that those playing would not come to any harm and so I elected to remain with the Port Squad on the touchline. I managed to retain control, although Kolin did go down the drain. Incidentally, Guy's won 44–4, with everyone scoring a try except for those who didn't manage to get one. In the evening, Just Judge Jim exacted retribution on anyone who's name he could still remember and Eric snuggled down, with his warm, moist and lumpy pillow.

'I had not felt the need to detain any tour member. Yet.

'Day 3 and I took up my surveillance position on the beach. All was well until to my alarm I realised that 2 tourists were missing: Beardmore and Mistlin. I called in the uniform boys to round them up, purely as a precaution, but in the hotel lounge, Beardmore was found playing tennis with lounge lizard Larry. He dropped a set and made a break. They thought about taking him in, but tour organiser Bevan made half a grand gesture and it was the end of Beardmore's TV careering. The evening was marked only by a pleasant matt finish on a stairwell.

'The following day's game was cancelled and I accompanied the team on the coastal railway to Lisbon. My Macintosh was hot and uncomfortable in the sweltering sun, but it served as an indispensible undercover cover and lent an inscrutability to my disguise. I had taken the precaustion of alerting all units, believing that the party may require protection from the lowlifes of Lisbon. I remained with the group containing the elderly players. Things were going well, until Barwell began whining. He whined and whined, under the misguided impression that he had not been noticed. In my judgement this would upset certain locals and so I signalled for colleagues to provide a protective cordon around Barwell. This so touched Wilson that he ran to an officer and embraced him firmly. The fine day had given way to a sweltering evening and Barwell and Wilson were cooled by cold metal held to their carotids. I smiled inwardly as European friendship extended to an officer giving the Thin White Docker a lollypop, repeatedly.

'Following a relaxing day's golf, where I could feel my disguise slipping during the post round rituals, it was time for the second rugby match. I rightly, decided on a change of tactics, predicting that the players would this time come to harm and I played in a quiet corner of of the scrum. A 13 point lead was unlucky for the 113 year old scrum half, who needed 13 stitches on a head wound that snaked between his 13 strands of hair.

'The night was a big one of Estoril Casino. That fourth great self-made millionaire after Murdock, Packer and Bond dropped by. Symoss broke the bank and promptly brought six of the tour party. I remained in the shadows (with Hank and Bruce).

'The final full day was the last full day and included bull-fights and last full day dinners. Having signed declarations of peace and goodwill the squad

was flown home—I ensured Beardmore was with them.

'Mission accomplished.'

Paolo

1989/90—The Second Half

GHRFC entered the new decade with a spring in the step & third place in the league. Things then went downhill!

The year began with a close fought defeat against Harlequins U21's, made all the worse by the physical and vocal involvement in the Quins side of erstwhile Guy's player Ben 'Big Noise' Stanhope. So upset was Neil Davies and half of the first team that they went skiing, helping Guy's to achieve their worst league defeat of the season, 43–3, to KCS Old Boys. No Neil, not that sort of downhill.

The first half of the season had seen Guy's achieve four wins and a draw from six league matches. The KCS defeat was followed by losses at Dorking 35–9 (perhaps the skiiers should have stayed away), Purley 9–7 and Old Reigations. The league season, which had shown such early promise, had not quite continued as hoped. Guy's finished in the traditional seventh place.

1990 was not completely bleak—just very nearly. The league games were dispersed with wins agains Bromley, Newbury and the Past and an 80–0 thumping of Old Surbitonians. Apparently there was also a tour to Portugal.

The league system is focussing the attention of all clubs involved. Even Newbury have been advertising for a full-time coach and the levels of commitment and fitness expected are increasing annually. The Guy's Hospital squad have to put in time and effort in preparing for next season, but we know we have the skills and if we can sustain form there is no reason why Guy's Hospital should not be pushing for promotion in 1991. (If you know of any reasons send them on a postcard to the editor.)

Geraint Thomason

A fine way to end the season.

Following an excellent display of sevens by the First VII (only narrowly losing to Rosslyn Park in the quarter finals of the Surrey 7s) and scoring 120 points in the last two XV's fixtures, Guy's Hospital RFC went on to end the season in the traditional manner. Our annual general meeting was attended by 50 spirited members including a healthy selection of freshmen. Team photographs were taken on the steps of the school beforehand and for an hour the park was filled with blue and yellow striped jerseys

The election of officers were hotly debated, even the more unpopular posts having several worthy candidates willing to take up the mantle. The final selection is as follows:

1st XV capt: Jeremy Worth
Vice Capt: Gregory Ryan
2nd XV capt: Andrew Linney
3rd XV capt: Guy Selmon
4th XV capt: Simon Russel
5th XV capt: (The Virgins): Andrew Joseph
Hon. Sec: Philip Cunington
Hon. Ass: Sec (3rd year in succession) Charles Beardmore
Team Sec: Ross Llewellyn
Treasurer: Edward Hughes (Baldrick)
Fix. Sec: James Combes
Ball Sec: Matthew Rose
RR Officer: Geraint Thomason
Social Sec: Andrew Skyrme
Tour Sec: Mike Seare
New vice presidents: J. Conchie, N. Slater, M. Seare

The club is in a phase of growth at present (probably owing to us having about 100 extra fresh undergraduates each year by way of the merger); despite decreasing financial support from the medical school. Next year we are running a fifth team aimed particularly at new young players . . . a good sign as the club runs up to its 150th season in 1993/94 . . . the first rugby football club ever to do so.

The demise of St. Thomas' rugby football Saturday side two years ago was noted with regret, GHRFC is very keen to live up to the hospital motto . . . Dave Quan Accipiere: We will undoubtedly *give* rugby players from St. Thomas' the opportunity to play for us on Saturdays and they will be very warmly accepted into the club.

Guy's and St. Thomas' play as a joint side on Wednesdays.

On the Friday evening we held our annual ball, this year on HMS Belfast. A splendid occasion, expertly organised by Greg Ryan who somehow cracked the problem of selling enough tickets (going for the 'softly softly' approach as opposed to the 'hard sell'?)

Even members of the 'binned club' managed to find partners for the evening (nearly all anyway) and in good ball tradition several couples managed to upset each other as the evening wore on.

Neil Davies, our well respected yet softly spoken captain, gave a speech.

A popular decison was to award Mr. Alan Jones (FDS) the player of the year trophy. Richard Breeze won the Batchelor cup as young player of the year.

As thanks for his hard work as president of the club Dr. Gibson was presented with a made to measure blazer in the Guy's colours (it also happened to be his birthday).

Jamie Barwell
Hon. Sec. G.H.R.F.C.

Ladies' Squash

This season has been our most successful ever. The two Ladies' teams were both in the London University premier league and the first team (Gayle Anstead, Rebecca Lewis, Kate Sommerville and Sue Ward) after leading in the first half of the season ended up in 2nd place being beaten by our old rivals Imperial College. We thus had to return the London University League cup which we won last year.

The first team plus Liz Nichols (especially brought out of retirement for the occasion) went on to win the United Hospitals Cup after beating Charing Cross and Westminster in the semi-finals 5–0 and then the London Hospital in the finals by a convincing 4–1.

The 2nd team under the captaincy of Tanya Holden also did well to maintain their position in the premier league.

Gayle Anstead deserves a special mention as she did not lose one match and only dropped two games in the League—a most impressive achievement.

Although now an official 'UMDS' club Ladies squash has been dominated by Guy's players, having only 2 St. Thomas' players in the 2 teams, hopefully next year we will get some more support from St. Thomas' and we will continue to be as successful.

House Officers 1 August 1990

Guy's Hospital

House Physicians

	To 31.1.1991
Dr Lewis, Dr Amiel (Prof Viberti, Dr Hicks) (3m)/Dr Knight (3m)	M W SPRING
Geriatric Medicine (Dr Lewis, Dr McNabb) (3m)/Dr Lewis, Dr Amiel (Prof Viberti, Dr Hicks) (3m)	P M BOHN
Dr Knight (3m)/Geriatric Medicine (Dr Lewis, Dr McNabb) (3m)	S M SOPHER
Prof Ritter (3m)/Dr Sladen (Dr Wilkinson, Prof Dowling) Dr Henry (3m)	S A A SOHAIB
Dr Sladen (Dr Wilkinson, Prof Dowling) Dr Henry (3m)/Geriatric Medicine (Dr Lewis, Dr McNabb) (3m)	A TURNER
Geriatric Medicine (Dr Lewis, Dr McNabb) (3m)/Prof Ritter (3m)	N S SHEERIN
Dr Rees (Dr Tovey) (4m)/Oncology & Radiotherapy (Dr Harper, Dr Winter, Dr Tong) (2m)	I S MALIK
Oncology & Radiotherapy (Dr Harper, Dr Winter, Dr Tong) (2m)/Dr Gibson (4m)	J E MARSH
Dr Cochrane (Prof Lee) (4m)/Oncology & Radiotherapy (Dr Harper, Dr Winter, Dr Tong) (2m)	A S KURBAAN
Oncology & Radiotherapy (Dr Harper, Dr Winter, Dr Tong) (2m)/ Dr Grahame, Dr Volans, Dr McNabb (4m)	K M RAWAL
Dr Gibson (2m)/Oncology & Radiotherapy (Dr Harper, Dr Winter, Dr Tong (2m)/Dr Rees (Dr Tovey) (2m)	B H NESOM
Dr Grahame, Dr Volans, Dr McNabb (2m)/Oncology & Radiotherapy (Dr Harper, Dr Winter, Dr Tong) (2m)/Dr Cochrane (Prof Lee) (2m)	C C LEES

House Surgeons

Mr Ellis (General Surgery) & Breast Unit (3m)/	M C PATEL	1.8.90–31.10.90
		1.11.90–31.1.91
	S RAUZ	1.8.90–31.10.90
Mr Mundy (Urology) (3m)	S RAUZ	1.11.90–31.1.91
	M C PATEL	
Mr Flannery & Mr Joyce (Urology) GUY'S (3m)/	T J FORD (Guy's)	1.8.90–31.10.90
Mr Negus (General Surgery) & Dr Keighley Radiology LEWISHAM (3m) (X1)	T J FORD (Lewisham)	1.11.90–31.1.91
Professor McColl (General Surgery) (3m)/	S J ANDREWS	1.8.90–31.10.90
	M J MALONE	1.11.90–31.1.91
	M J MALONE	1.8.90–31.10.90
Mr Shaheen & Mr Gleeson (ENT) (3m)	S J ANDREWS	1.11.90–31.1.91
Mr Mason (General Surgery) (3m)/	D K BEATTIE	1.8.90–31.10.90
	D MEHTA	1.11.90–31.1.91
Mr Hibbert & Mr Douek	D MEHTA	1.8.90–31.10.90
Mr Douek (ENT) (3m)	D K BEATTIE	1.11.90–31.1.91
Professorial Unit— Mr Owen (General Surgery) (3m)/	H M DALEY	1.8.90–31.10.90
	A J MARINO	1.11.90–31.1.91
Mr Laurence (Orthopaedics) (3m)	A J MARINO	1.8.90–31.10.90
	H M DALEY	1.11.90–31.1.91
Mr Maynard, Mr O'Flynn (General Surgery)	E M ELSON	1.8.90–31.10.90
	M BOULD	1.11.90–31.1.91
Dr Wedley (Pain Relief) (3m)/ Mr Henry (Orthopaedics) (3m)	M BOULD	1.8.90–31.10.90
	E M ELSON	1.11.90–31.1.91
Mr Watson (Orthopaedics) GUY'S (3m)/	S GAUTAMA (Guy's)	1.8.90–31.10.90
Mr Ivo Smith (General Surgery) & Mr Rogerson (Urology) LEWISHAM (3m) (×1)	S GAUTAMA (Lewisham)	1.11.90–31.1.91
Professional Unit— Mr Jourdan (3m)/	R J C BOWMAN	1.8.90–31.10.90
	N R BORLEY	1.11.90–31.1.91
Mr Rowsell (Plastic Surgery) & Mr Spencer (Orthopaedics) (3m)	N R BORLEY	1.8.90–31.10.90
	R J C BOWMAN	1.11.90–31.1.91

Lewisham Hospital

House Physicians

	31.1.1991
Dr Hicks, Dr Eiser (General Medicine), Dr Luce (Geriatric Medicine) (×2)	J C RICHARDSON
Dr Gordon Jackson (General Medicine), Dr Grahame Jackson (Cardiology) & Dr Whitmore (Haematology) (×2)	K C SHENTON
	C KITIYAKARA
Dr Stott (General Medicine), Rheumatology Unit & Dr Gunawardena (Geriatric Medicine) (×2)	W N A KIRKPATRICK
	G J GHOSH
Dr Mallinson, Dr Rees (General Medicine),	E A WRAIGE
Dr Starke (Geriatric Medicine) (×2)	K N FRIMPONG ANSAH

House Surgeons

Mr Mason, Prof McColl (General Surgery) (3m)/	J W VERNON-SMITH	1.8.90–31.10.90
	A W SIMONS	1.11.90–31.1.91
Mr Allen (Othopaedics) (3m)	A W SIMONS	1.8.90–31.10.90
	J W VERNON-SMITH	1.11.90–31.1.91
Mr Ivo Smith (General Surgery) & Mr Flannery (Urology) (×1)	S LEE	To 31.1.1991
Mr Gore (Orthopaedics) (3m)/	H MACKENZIE	1.8.90–31.10.90
	J R STEEL	1.11.90–31.1.91
Mr Negus (General Surgery) (3m)	J R STEEL	1.8.90–31.10.90
	H MACKENZIE	1.11.90–31.1.91
Mr Owen (3m)/	J M WONG	1.8.90–31.10.90
	S H A ZAIDI	1.11.90–31.1.91

Mr Spencer (Orthopaedics) (3m)	S H A ZAIDI J M WONG	1.8.90–31.10.90 1.11.90–31.1.91
Mr Ivo Smith (General Surgery) & Mr Rogerson (Urology) LEWISHAM (3m)/ Mr Watson (Orthopaedics) GUY'S (3m) (×1)	L J HOLLIS (Lewisham) L J HOLLIS (Guy's)	1.8.90–31.10.90 1.11.90–31.1.91
Mr Negus (General Surgery) & Dr Keighly (Radiology) LEWISHAM (3m)/ Mr Flannery & Mr Joyce (Urology) GUY'S (3m) (×1)	J C TAYLOR (Lewisham) J C TAYLOR (Guy's)	1.8.90–31.10.90 1.11.90–31.1.91

Greenwich District Hospital

House Physicians		*To 31.1.1991*
Dr Thompson/Dr Stokes (×2)		D I NEW A M THOMPSON
Dr Robson & Dr Blower/Dr Webb (×2)		H C WILSON C M TENNANT
Dr Marsden/Dr Drury (×1)		A J CLEARE
House Surgeons		
Mr Stoker	P J ROSS	To 31.1.1991
Mr Harrison	H J HERZIG	To 31.1.1991
Mr O'Flynn	I O C DE SALIS P N AUGUST	1.8.90–31.10.90 1.11.90–31.1.91
Mr Stoker & Mr Vendal	P N AUGUST I O C DE SALIS	1.8.90–31.10.90 1.11.90–31.1.91
Mr Cetti	R D MURRAY	1.8.90–31.10.90 1.11.90–31.1.91
Mr Harrison	R D MURRAY	1.8.90–31.10.90 1.11.90–31.1.91

Orpington Hospital

House Physicians	*To 31.1.1991*
Dr J D Williams (×1)	J S MORRIS
House Surgeons	*To 31.1.1991*
Mr Wilding (General Surgery) (×1)	J M HOMEWOOD
Mr Gray (Locum Consultant—Urology) & Mr Hosseini (Locum Consultant—Dental) (×1)	M J TRAVIS
Mr Boxall (General Surgery) & Mr A Mahendra Raja (Locum Obs & Gynae) (×1)	M A WESTBROOK

St Helen's Hospital, Hastings

House Physicians	*To 31.1.1991*
Dr Bruce (Geriatric Med)/Dr Reid & Dr Liddell (General Medicine) (×1)	A G S CANNELL
Dr Strouthidis (Geriatrics) & Dr Innes (Rheumatology)/Dr Wray (Cardiology) (×1)	
Dr Dyson or Dr Gorsuch (General Medicine)/Dr Dennison (Geriatrics) (×1)	

Joyce Green Hospital, Dartford

House Physicians	*To 31.1.1991*
Dr Goldman (×1)	
Dr Brennand-Roper (×1)	G C W CHENG
Dr Vadasz (may be required to attend West Hill) (×1)	
House Surgeons	*To 31.1.1991*
Mr Skidmore (×1)	A S CHOWDHURY

Kent and Canterbury Hospital

House Surgeons	*To 31.1.1991*
Mr Jackson (General Surgery)/Mr Claridge (Urology) (×1)	M M DAVIES
Mr Carruthers (Urology)/Mr Jackson (General Surgery) (×1)	K S SANDHU
Mr Heddle (General Surgery (×1)	

Basingstoke District Hospital

House Surgeons	*To 31.1.1991*
Mr Richards (General Surgery)/Mr Heald (General Surgery) (×1)	S REID
Mr R Browne (Orthopaedics)/Mr Heald (General Surgery) (×1)	S Q LATIFI

St Mary's Hospital, Eastbourne

House Physicians		
Dr J Bending (×1)	L D HARDING	To 31.1.1991
Dr MacLeod (General Medicine)	F E MALONEY H CLARK	1.8.90–31.10.90 1.11.90–31.1.91
Dr Athulathmudali (Geriatric Medicine)	H CLARK F E MALONEY	1.8.90–31.10.90 1.11.90–31.1.91

Deaths

JAMES, Miss Janet May. Guy's trained 1920–1923. Staff Nurse and Sister 1923–1935. Sister Tutor in charge of the Preliminary Training School, from 1939 until her retirement in 1957. Died, aged 94 years, on 12 April 1990.

OPIE, Miss Evelyn Arnold, DN, Guy's trained 1926–1929. Staff Nurse 1930. Sister and Assistant Matron until 1947. Sister Matron, King's College Hospital from 1947 until her retirement in 1960. Died on 12 May 1990.

SPURRELL, Mrs Dorothy Gwynne, née Griffiths, widow of Professor Spurrell. Guy's trained 1917–1920. Staff Nurse until 1922. Assistant Home Sister and Sister Surgery until 1927. Died on 12 May 1990, in her 95th year.

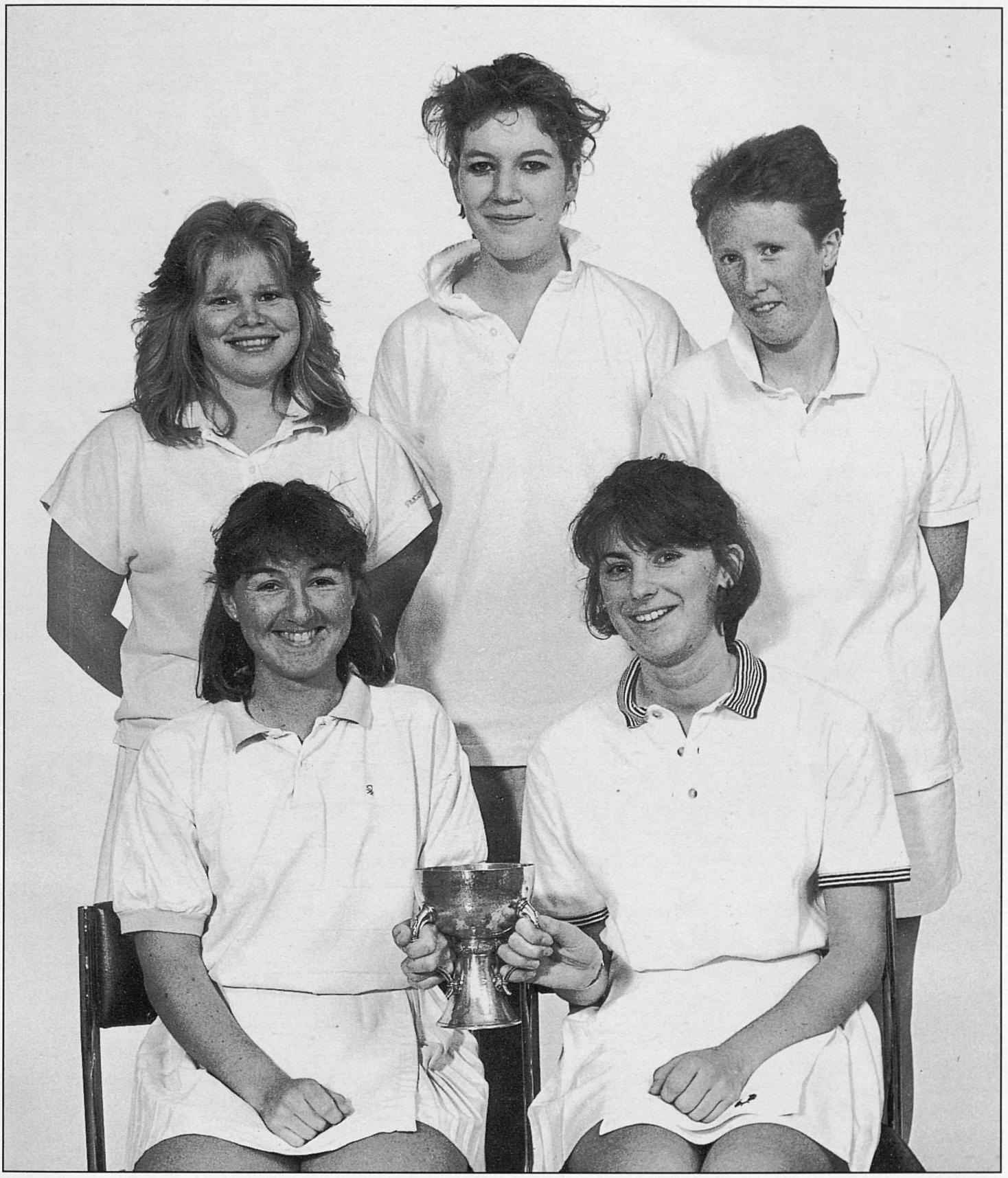
CORFE, Felix N. Died on 1 May 1990 at Bognor Regis, aged 83. He leaves a widow, Joyce Corfe, and three sons.

STEWART, Charles J. Late chest physician in Ipswich. Died on 22 May 1990 after a short illness. Guy's 1932–39.

Change of Address

HOLE, Mr and Mrs Cameron, to The Ragged Dog, The Street, Albourne, Hassocks, West Sussex BN6 9DJ. Tel 0273 833577.

THOMAS, Jerry and Ruth, to Gwinllan, Cradley, Malvern, Worcs WR13 5NH. Tel 0886 880868.



Congratulations to Guy's Ladies Squash Team, winners of the United Hospital's Cup, 1990

Back row, L to R: Gayle Anstead, Liz Nichols, Kate Sommerville.
Front row, L to R: Sue Ward, Rebecca Lewis.

Protection is our middle name!

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AUG 1990

GUY'S GAZETTE

Bruichladdich island race

Prof Richard Hughes runs and sails in the Scottish islands

Teaching and learning

We interview UMDS education adviser Lesley Millard

Prof Tim Clark

A farewell tribute

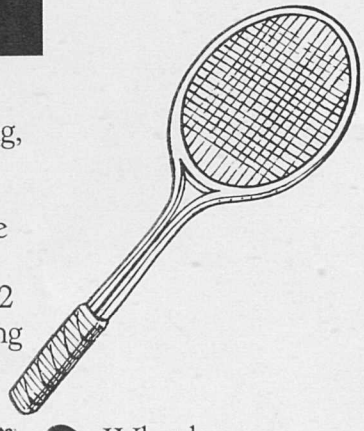
TRY OUR SHORT ORAL TEST

1 What has a really comfortable grip?

- ☐ (a) The Boston Strangler
- ☐ (b) The Sensodyne Search 4
- ☐ (c) A toothless bulldog.

4 What has a dense brushing surface?

- ☐ (a) The Sensodyne Search 4
- ☐ (b) A dry ski slope
- ☐ (c) A road-sweeper with an IQ of 72.

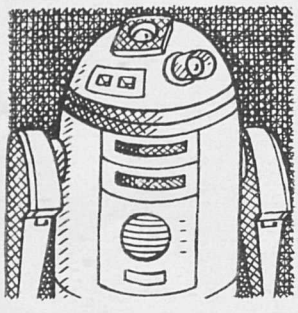


2 What has a long, slim neck?

- ☐ (a) The Sensodyne Search 4
- ☐ (b) A bottle of 1982 Yugoslav Riesling
- ☐ (c) A cygnet.

5 What's head and shoulders above the rest?

- ☐ (a) The Hunchback of Notre Dame
- ☐ (b) A giraffe
- ☐ (c) The Sensodyne Search 4.

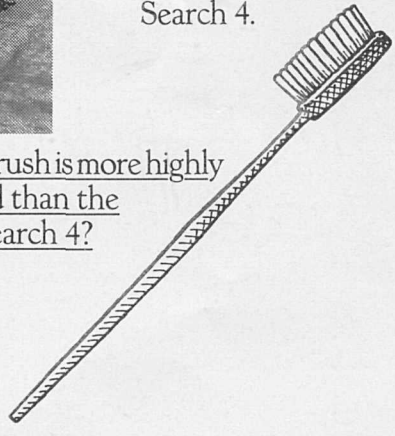


3 What has a compact head with rounded corners?

- ☐ (a) A primary school
- ☐ (b) Just about everybody
- ☐ (c) The Sensodyne Search 4.

6 What toothbrush is more highly recommended than the Sensodyne Search 4?

- ☐ (a) None
- ☐ (b) Zero
- ☐ (c) Zilch.



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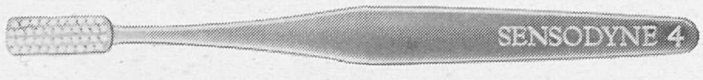

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GUY'S GAZETTE

CONTENTS

113 Passim

114 Letters—accommodation for Guy's people

115 News—Philip Evans memorial service. Guy's man chairs BMA council.

117 Bruichladdich Island Peaks Race—Prof Richard Hughes will apparently do anything for a drink.

119 On teaching and learning—Caroline Hyzler talks to the new UMDS education adviser, Lesley Millard.

120 Professor Tim Clark—a farewell tribute.

122 William Gull Ward and hypertension—Dr D C Watts continues to elucidate the work of the great man.

123 Reviews—the Benkei Restaurant.

124 Nursing Notes.

125 Obituaries—Harry Davies OBE

126 Sport—Cricket club tour of Cornwall, plus the Dental Society golf day.

127 Classified—dental house surgeons.

Guy's Gazette

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Passim

My first task as the new editor is to thank the previous incumbents. Mark Slade, ably assisted by Martin Sadler, has edited the *Gazette* for two years. They have consistently produced a high quality journal which has been of interest to past and present members of Guy's Hospital. I am certain that both Mark and Martin will continue to be associated with the *Gazette*, and I am fortunate to inherit their team of enthusiastic and capable sub-editors.

My second task is to apologise for the brevity of this issue, which is because some members of the staff are on holiday while others are working at so-called peripheral hospitals. However, I should like to encourage subscribers to write to the *Gazette* whenever they feel they have a point to raise. In this and recent months there has been a paucity of correspondence, but it is only by receiving letters from subscribers that the Editor can remain in touch with the views of those people on whom the existence of the *Gazette* depends. I would also welcome articles from Guy's graduates, especially those abroad, who can give a different view of medical life from that found in the United Kingdom. Similarly I should like to encourage students at Guy's to write both to and for the *Gazette* so that their opinions and interests can be recognised.

The most controversial change initiated by Mark during his time as Editor was to publish the *Gazette* in A4 format. Although the larger magazine is more versatile and allows better reproduction of photographs, the change was not well received and readers felt it lost character and appeal. Also some subscribers complain that the new *Gazette* often reaches them in a tattered state and others find it unwieldy. As a result of this disappointed response I am considering reverting to A5 size, for 1991, and would welcome reader's opinions on this issue.

Irrespective of the shape of the *Gazette*, I hope to ensure that it's content remains of a high standard and it will continue to carry articles about current events and research at Guy's. I also hope to include a monthly diary of forthcoming social and sporting events to keep readers well informed.

I look forward to my time as Editor, and hope that the *Gazette* will remain a source of enjoyment to its readers.

The front cover shows a watercolour of the entrance to Guy's by Albany Wiseman. It is available in lithograph or greeting-card form from the Friends of Guy's shop.

GAZETTE LETTERS

Thank you

Dear Sir

A recent fund-raising effort provided such an immediate and dramatic life-saving result that I would like to share the clinical anecdote with your readers. On a hot summer Sunday a motley selection (well some of us were motley, especially our Springer spaniel called William) of nurses, doctors and others set out on a sponsored walk along the banks of the Thames to raise money for a cardiac monitor for Bright ward (currently the neurology department ward). If I remember correctly the walk was instigated and lead by our then ward sister Christine May aided and abetted by Deirdre Baker, Viv Tomkinson, and Mandy Davies. The medical staff were represented by our SHO David Fluck and registrar Peter Bain. We desperately needed this to monitor our patients with Guillain-Barré syndrome, a condition which we probably see more of than any other neurology department in the country. This is a rapidly progressive paralysing illness which carries a mortality of 12% part of which is avoidable. One of the avoidable causes of death is cardiac arrythmia. Thanks to the exertions of our walkers and the generosity of our sponsors and other donors to the Bright ward appeal we raised enough money to purchase an ECG monitor with a memory and paper print-out. The accompanying figure shows the ECG trace from the first patient on whom the monitor was used. You do not need to be a cardiologist to detect the alarming seven second period of asystole. This episode occurred in our ward at a time when the patient was not in respiratory failure and did not qualify for admission to the intensive care ward. The cardiac team kindly inserted a demand driven endocardial pacemaker which the patient required several times during the next few days. Twelve days later the pacemaker was removed, no further episodes occurred, and a year later the patient is well and back at work.

I would like to thank all who took part in the walk and all who contributed to the appeal. You have reduced the mortality of Guillain-Barré syndrome by at least a per cent.

Yours faithfully

RICHARD HUGHES
Department of Neurology
Guy's Hospital

William Gull

Dear Sir,

The Gull Studentship in Pathology was worth £727 per annum in 1986. I discovered that while writing a history of Sir William Gull (see *Gazette* Nos 2360 & 2362). Not only did he describe that 'cretinoid state supervening in adult women' but he got anorexia nervosa off the ground. Years earlier he had closed the female lunatic asylum at Guy's. We need more like him.

Yours faithfully

DR J PITT-PAYNE
12 Top Park
Beckenham
Kent BR3 2RU

Graduate accommodation

Dear Sir

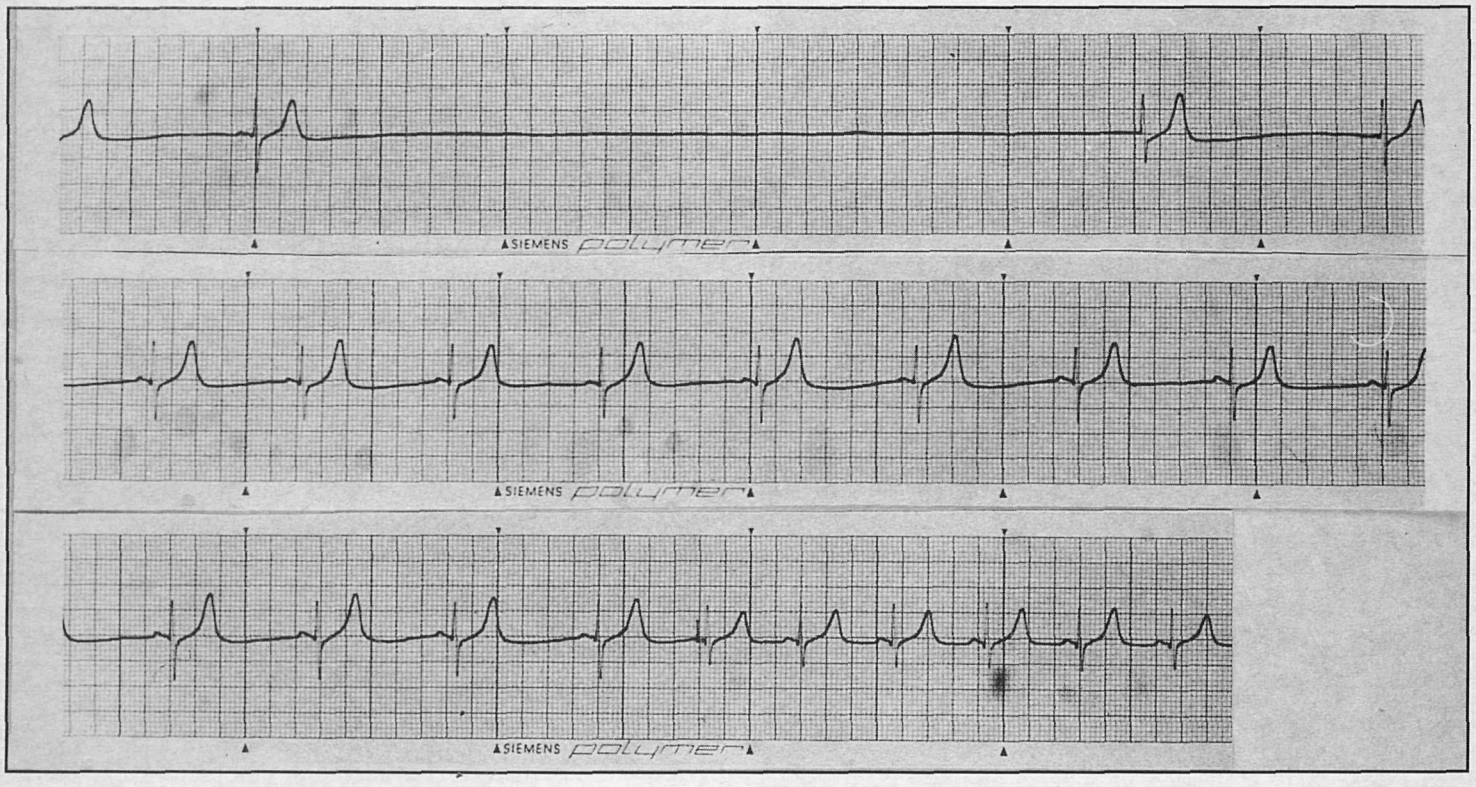
In reply to the letter from John Henry Lewis on the subject of accommodation for visiting graduates, I should like to inform all your readers that our hostels at Guy's and St Thomas' have vacancies in the vacations.

Anyone interested should contact the Domestic Bursars on either site on the following numbers: Guy's: 071-955-4174, St Thomas's 071-928-9292.

The rooms are inexpensive.

Yours faithfully

JANET SUTTON
UMDS Administrative Officer
Lambeth Palace Rd
London SE1 7EH



A trace from the Bright ward ECG machine, showing seven seconds of asystole

Dr Philip R Evans

We regret to announce the death of Dr Evans CBE, BSc, MD, FRCP who died on 5 July 1990 aged 80. He was Director of Paediatrics at Guy's Hospital from 1946–1971, and Physician Paediatrician to the Queen from 1972–1976.

A celebration of the life and work of Dr Evans will be held in Guy's Hospital Chapel on Monday 24 September at 12 noon. As it is likely that many will wish to attend, tickets will be issued, though obviously anyone is welcome to come without a ticket if space permits. Those wishing to apply for tickets should write to Mrs Joanna Hoffman, Clinical Dean's Office, UMDS, Guy's Hospital, London SE1 9RT.

Biennial Dinner

The next Guy's Hospital Biennial Dinner will be held on Friday 5 October 1990 at the New Connaught Rooms, Great Queen Street, London WC2.

Further details of the dinner will be published in the next issue of the Gazette, but can also be obtained from Mr Max Rendall, Clinical Superintendent, Guy's Hospital, London SE1 9RT. Telephone (direct line) 071 955 4169.

BMA Chairman

The BMA's newly elected chairman of Council is Dr Jeremy Lee-Potter, a consultant haematologist at Poole General Hospital. His education was at Epsom College and at Guy's, and he is married to the Daily Mail columnist Lynda Lee-Potter. He succeeds Dr John Marks who has been Chairman of the BMA Council for the past six years. In his finale speech Dr Marks stated that he was proud to have been 'labelled as a renegade and a subversive' in his fight against the NHS reforms. He received a standing ovation.

Anti-Trust feeling

The BMA has balloted consultants at 28 'front-runner' hospitals which are applying for self-governing trust status. 21 out of the 28 ballots found consultants to be against trust status.

Juniors surveyed on Strike-action

The BMA's junior doctors' conference has demanded a postal survey of all juniors to seek their opinions on industrial action. This call is coupled with increasing militancy amongst junior doctors' leaders, and frustration that after a decade of campaigning for shorter hours so little has been achieved.

Career Plan delay

Career decisions are being postponed by junior doctors until the NHS reforms are introduced, according to Dr Judith Jones of the General Medical Services committee. She said doctors were choosing to go abroad or remain in SHO posts until the future of consultants' jobs and general practice looked more certain.

Recent work compiled by 'Doctor' magazine showed that fewer doctors were expressing interest in GP training—applications in some UK districts are down by 80%.

Phase III

Work continues broadly on schedule. The Weston St entrance has been closed for some time and construction work on the Philip Harris House goes on both underground and on the surface. For the time being the only real entrance to Guy's is from Snowsfield.

Student Costs Rise

The next academic year will see a big change in the manner of higher education funding. Currently local authorities pay a flat-rate tuition fee of £605 a year to higher education establishments for each undergraduate on a designated course who qualifies for an award.

In September this will rise to £1,600. The year after differential fees will be introduced—the recommended fee for medicine, one of the most expensive courses, has been set at £3,200 a year. Most students will not notice a change, as their fees will continue to be met by their home authority. However, mature or self-financing students as well as those taking intercalated BSc degrees will be profoundly affected. The fees for a five year course may reach £16,000, and maintenance costs could bring the total cost to about £30,000. Along with the increasing liability on students due to the new loans system it is hard to see how this will not act as a deterrent to many who wish to study medicine. Many consider that these changes will act to narrow and polarize the social mixture of medical students to a group even more rarefied from their patients than now—hardly in the patients best interests?

The Wedding of the Century

On Sunday 24 June, after years of chasing young master William Brown (alias Dai the Post from Southwark Town Hall), Violet Elizabeth Bott (alias Keith Nicol) finally won her man. The happy couple were accompanied by a maid of honour (Sue Nicol) and two bridesmaids played by Keith's daughters Emily and Jessica.

Emily has cerebral palsy and she was among the 10,000 people who walked 10 miles from Southwark Park to Hyde Park. Emily used her walking trike, and although she complained of a sore seat, she walked the entire distance. All the walkers were sponsored for the 'One Small Step Appeal' which is trying to raise £1,000,000 to build a gait analysis laboratory here at Guy's. So far the wedding party have raised £700 in sponsorship and donations en route.

Anyone wishing to contribute to the total, or to find out more about the appeal can contact Keith Nicol in the audio-visual services department in Guy's Tower (ext 2086). It was hoped to enter a team in the London Marathon, but unfortunately the promised complementary places

Raising money for the One Small Step appeal

were not received. A local newspaper had already agreed to sponsor the entry, so Keith would be particularly interested to hear from anyone who could help with this problem.

Finally the wedding party would like to thank McMillans and Richmal Crompton for their permission to use the characters of William and Violet.

Sue Nicol

Historical Essay Prize 1990

The Lord Brock Memorial Trust, which is responsible for the Old St Thomas' Operating Theatre and Museum opposite Guy's Hospital, holds an annual competition for an historial essay on a medical subject. The prize is £100 and the winner is also granted 3 years honorary membership of the Faculty of the History and Philosophy of Medicine and Pharmacy, Worshipful Society of Apothecaries.

Prospective entrants should obtain approval for their proposed subjects from Professor I McColl, Director of Surgery (if based at Guy's) or Mr B T Jackson, Consultant Surgeon (if based at St Thomas'). Any medical historical subject can be chosen, but there should preferably be some connection with Guy's Hospital or St Thomas' Hospital or the Medical Schools.

Essays should be typed and of not more than 5,000 words. Three copies should be submitted to Mr Jackson or Professor McColl. Publication will be encouraged.

The competition is open to everyone associated with Guy's and St Thomas' Hospitals UMDS. The closing date is 28th February 1991.

Hospital Cuts

South East Thames Health Authority ended the last financial year with a deficit of over £30m. According to the authority's finance director this year would be one of stabilisation rather then growth. However, in Lewisham and North Southwark cuts to clear a deficit of £4.7m are needed—mainly beds have been lost and according to the health authority 'reductions in quality of services' will have to occur.

GP No to Hospital Opt-Out

GPs are overwhelmingly opposed to Guy's opting out. Dr Raymond Pietroni, GP representative on the hospital management board and tutor to medical students on the UMDS course organised a survey of local GPs. Of the 144 who replied about 90% said they were not in favour of Guy's becoming a self-governing trust.

Three new profs

There have been three new appointments to professorships at Guy's. Dr George Haycock, a paediatric nephrologist, will be the new professor of paediatrics, taking over from Professor Roger Robinson on 1 October 1990. Dr Gwyn Williams becomes a professor of renal medicine. Taken together, these appointments mean that of the eight adult and child renal physicians at Guy's, four now hold chairs in the subject. A 50% professor ratio will also apply in the department of rheumatology, where a personal chair in clinical rheumatology has been awarded to Dr Rodney Grahame.

Student health

One positive benefit of the increasing integration of Guy's and St Thomas's as UMDS has been in the field of student health. Guy's students now have access to the excellent vaccination services offered by the department of occupational health at St Thomas's, where Sister Jane Hocking is happy to advise elective students on the vaccination requirements of any country you can think of (and quite a few you can't). The ex-Editor can testify that the service is a very friendly and quick, and there is certainly no quibbling about whether you have a GP's letter for hepatitis B jabs—a definite improvement on the mean-minded approach that used to apply at Guy's. In addition, Sister Hocking will check your hepatitis B antibody status to ensure you have seroconverted following vaccination. All clinical medical and dental students are strongly recommended to pay her a visit. Her extension at St Thomas's is 3586, and the department of occupational health is on the 12th floor of North Wing.

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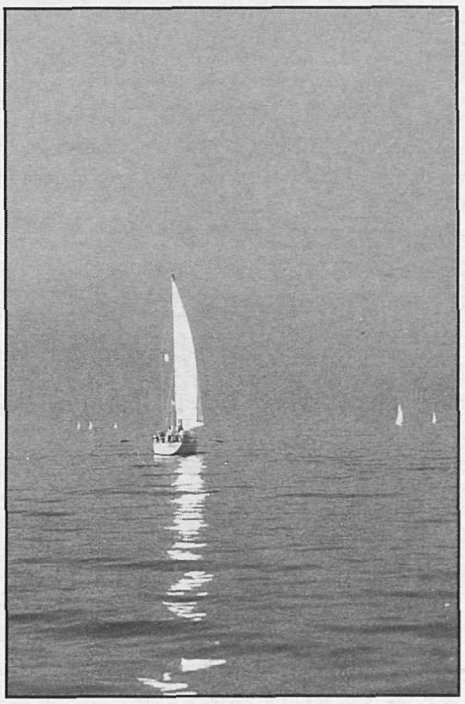
Bruichladdich Island Peaks Race

Prof Hughes does anything for a drink

When I asked a Scottish friend what Bruichladdich was, he went over to the mantelpiece, took out a key from a jar, unlocked the drinks cupboard, chose a tall box labelled Glenfiddich and withdrew an almost empty bottle labelled Bruichladdich. He poured me a generous measure and I immediately understood why he had to go to such lengths to hide this marvellously smooth 'Spirit of Life'. I was therefore very pleased when we were presented with a whole bottle of Bruichladdich with our burgee and running numbers in Oban at the start of the 1990 Islands Peaks Race. There was no time to drink it because at 12 noon the starting gun sent me and the team psychologist off on a five mile run round a small mountain to the south-west of Oban. We arrived breathlessly back in Oban harbour and jumped into our rubber dinghy to be rowed out to Calypso, our Contessa 32, by the crew's statistician (not a misprint). Waiting on board were our two owner/skippers, both expert neurologists as unaccustomed as the author to ocean (or any other form of) racing. The only snag was that there were 50 other boats ranging in size from 24' to 68' and in hulls from one to three in Oban Bay, all of which had the same idea at the same time. There was a further snag: there was no wind. However the race rules allowed propulsion by the exertions of the crew and most boats had rigged some form of paddles or oars, in our case two huge naval sweeps borrowed from the WRENs in Dundee. It was a splendid occasion decorated by battle flags of varying sizes and hues and accompanied by the drone of bagpipes from one or two boats which were entering the piping prize.



Above: Some of the most dangerous waters in the British Isles!

Propelled by oars and the occasional gentle breeze more suited to the Aegean than the Western Isles, we sailed past Duart on Mull where we put ashore one neurologist and the ship's statistician to run 22 miles over the snow-capped peak of Ben More. This would have been easier if we had started earlier. As it was the run had to be completed in the dark. At 02.00 hours on Saturday morning, when lesser mortals are in bed or at least heading in that direction, we started on our row/sail back down the Straits of Mull to Jura. This passage included a tacking duel which would have done credit to a dinghy fleet as we fought to keep in fornt of a Nicholson 30, make headway against a 4 knot tide in light winds, and avoid being sucked into the Strait of Corryveckan which harbours the only whirlpool in British waters.

As dusk was falling, the wind died completely and we had to row the last mile or two into Craighouse on the south-east coast of Jura (where George Orwell wrote 1984). It was 20.00 hours when the team psychologist and I were put ashore to run 14 miles over the three tallest Paps of Jura. There was just sufficient light when we reached the top of the first Pap, Beinn a Chaolais, for us to see the island of Islay, where Bruichladdich is distilled, to the south-west. We needed head-lamps for the second and third Paps and I was heartily relieved to arrive back at Craighouse 6 hours later without any major injuries. We were amused to find that our owner/skippers were fast asleep in

their bunks with the sails still stowed rather than pacing the decks hove-to with full canvas.

The long sail from Jura to Arran was to take us round the tip of the Mull of Kintyre, reputedly some of the most dangerous waters in the British Isles. In the event we were desparate for some wind because rowing a 32 foot boat the size and weight of a Contessa is an exhausting business. Nevertheless the fine weather had its rewards. We were regularly visited by seals and dolphins and once by a whale. Guillemots were everywhere and squadrons of gannets flew sorties low over the water from their colony on Ailsa Craig. One solitary puffin gave me the greatest pleasure, unmistakable even in flight because of its inappropriately large and gaudy beak. An hour or two of beating against a force 5 raised our speed to a creditable 7 knots and helped us on our way to Arran. As darkness gathered the wind died and it was not until 03.00 on Monday that four of our crew of five rowed ashore to run over Goat Fell, another 18 miles and over 3,000 feet of climbing. At the top we broached the Bruichladdich for the first time and the headed back to the boat.

The last sail from Arran to Troon allowed us to ty to fill the spinnaker with the few puffs of wind now coming from the west. The opposition was no longer in sight. About half the boats had retired exhausted and the other half were mostly in front. One boat with the attractive but temporarily inappropriate name 'Speedwell' had run aground. Another had given up after being boarded and searched from stem to stern (for Bruichladdich?) by Customs and Excise in the Sound of Mull. By the time the search was over they had been swept back by the tide to Salen from which they had just rowed. A huge trimaran with professional fell runners had won the race. I am still waiting to hear where we came in the all rounders' competition, which is determined by a complex system of multipliers for the number of runners on each mountain. Then, as now, taking part was more important than winning. But it was nice to finish. You should try it next year.

Therest of the Bruichladdich is still on board Calypso, where it belongs, so I had to buy my own at Glasgow central station before boarding the sleeper back to London and the more mundane pursuits of ward rounds and outpatient clinics. I understand that the distillers are offering a bottle for every article published. I fear the editor will want a share.

Richard Hughes is the Professor of Neurology at Guy's Hospital

Guy's Hospital Gazette

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On teaching and learning

Caroline Hyzler talks to the new UMDS education adviser, Lesley Millard

Medical education at UMDS is under review. An educational adviser has recently been appointed to help with the assessment of all aspects of the medical course, from teaching methods to examination criteria. This is unlikely to cause more than a few raised eyebrows—after all, criticisms of the course have been aired persistently with little noticeable effect. But identifying the problems is only one part of the adviser's remit; more importantly, the unit will be helping students and staff to examine their expectations concerning the course, while also providing them with the support necessary to initiate change.

The educational adviser, Lesley Millard, was appointed in January. Lesley, whose experience lies in staff development and adult education, is being funded as education adviser by the Special Trustees on a one-year extendable contract. We discussed her initial impressions of the medical course and some provisional proposals for its development.

The starting-point for Lesley's work is the essential question: 'How well is medical education preparing students to be practising doctors?' Evidently, though, her interest lies mainly in advisory work rather than mere analysis. In particular, this means capitalising upon the breadth of experience within UMDS, bearing in mind the considerable financial constraints being imposed on the medical school (the education grant is being proposed at a 6.5% increase to cover the next two years.)

Not surprisingly, much of the groundwork has centred upon the curriculum and teaching methods. Some progress has already been made in integrating the pre-clinical and clinical courses, with clinical demonstrations and lectures from clinicians featuring more prominently in the timetable. However, the improvement is largely cosmetic; clinical input is still regarded by students as a luxury or optional extra and attendance is generally poor. It is fairly obvious, if regrettable, that examination requirements have a major effect on how learning takes place, so, until these reflect the importance of being able to apply one's knowledge to specific contexts rather than simply recalling facts, the BMS course will remain remote from students' expectations and clinicians' demands. Teaching methods need to be revised along the same lines. Although didactic teaching can impart a defined core of knowledge, active problem-based learning is much more useful in ensuring that learning may be continued beyond medical school.

The starting-point for Lesley's work is the essential question: 'How well is medical education preparing students to be practising doctors?'

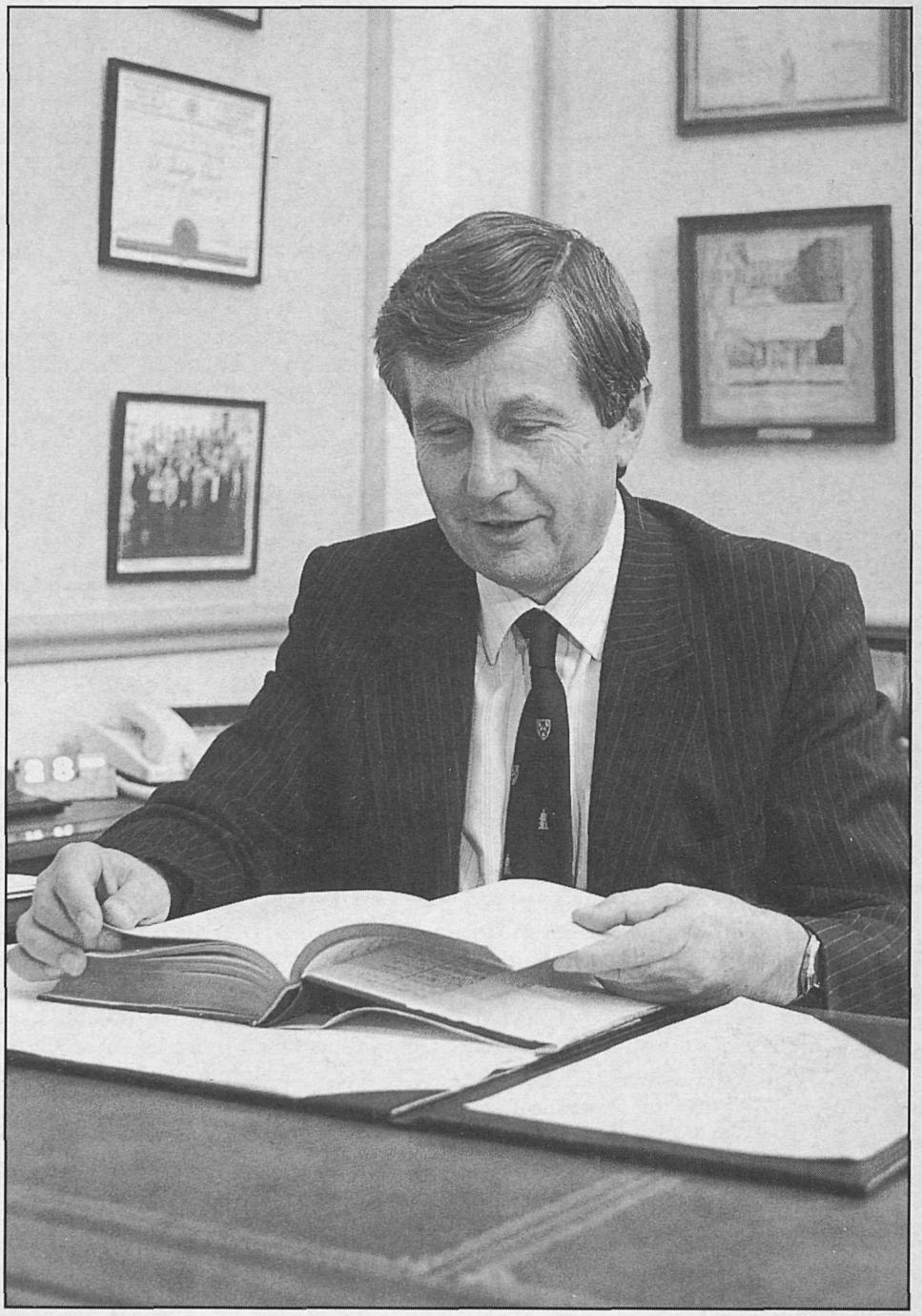
One of Lesley's aims is to provide a support system for the teaching staff, who will be instrumental in implementing curricular change. At present, they are often thrown into a teaching role at the deep end without any formal instruction, clutching a wad of transparencies and some indelible markers. Lesley hopes to advise and provide suggestions on alternative methods which can be used in teaching. There is also considerable demand for better incentives for teachers, as academic ability does not yet attract the recognition and rewards which are enjoyed in research and clinical practice.

The active participation by all members of the medical school will be important in seeking to improve teaching. Lesley has been given a warm welcome by the teaching staff, and students are being encouraged to become involved. Detailed questionnaires regarding the course have been circulated which should open more effective channels for feedback and ensure that exam marks are not the only yardstick used to measure success. This broad impression will be complemented by individual interviews with a cross-section of students, giving them the opportunity to break away from the restrictive MCQ and questionnaire format. An induction course may also be introduced in the first term, helping students to establish their own objectives for the course, and advising them on independent study skills.

In the future, if an educational unit can be established, Lesley hopes to develop the school as a centre of teaching excellence which will become a visible and accessible focus for the development of education; at the moment though, Lesley's office is located somewhere between the George and Newcomen Street in the Nag's Head Yard extension. Lesley Millard would be pleased to see anyone who is prepared to fight their way through the mountains of questionnaires.

Professor Tim Clark

A farewell tribute



It is with considerable regret that Guy's Gazette announces the departure of one of its most illustrious sons in the last thirty years, to take up the full-time appointment as Dean of the National Heart and Lung Institute, Royal Brompton Hospital, from August 1990. Professor Clark or 'Tim' arrived at Guy's in September 1954 with a reputation as more of a cricketer then future Dean. His early application led him to be invited to do a BSc in physiology and his academic career started with his first publication on treating peptic ulcers! Fortunately for the world of thoracic medicine, early in his clinical career he became interested in breathlessness, which culminated in an essay on dyspnoea and being awarded the cardiology prize. He attained the honour of having both house jobs at his teaching hospital and then rapidly acquired membership of the Royal College of Physicians, obtaining employment in the golden triangle of the Brompton, Hammersmith and Queens Square. A year at the John Hopkins in Baltimore was followed by two years at the Hammersmith where his future career in thoracic medicine was mapped out with his work with Professor E M J Campbell. London smogs and the incidence of chronic obstructive bronchitis meant that his early thoracic research was based on respiratory failure and the control of breathing in patients with chronic airways obstruction. The latter work was completed with a MD at London University.

In 1966 Tim returned to Guy's Hospital and for the last 24 years has been one of the hardest of workers in improving patient care and student education. Tim's return was initially at senior registrar level when the respirat-

ory function laboratory in those days consisted of little more than a cupboard. Under his guidance this has now become a large, internationally famous department with the production of many innovative techniques and new respiratory function equipment. In 1968 he was appointed consultant physician to Guy's Hospital and a little later also undertook thoracic sessions at the Brompton Hospital. During these early consultant years the basis and initiation of medical intensive care on Starling Ward was due to his knowledge and energy. He also was an enthusiastic teacher of the medical students, encouraging many to take up thoracic medicine. With the implementation of the Clean Air Act chronic obstructive bronchitis ceased to be so much of a problem and asthma and asthma therapy became Tim's major academic interest. This developed in the mid-seventies through to the present day with increasing worldwide renown for his asthma research. In 1977 he was made Professor of Thoracic Medicine. Fortunately he has left such a solid base to the department of thoracic medicine that with Professor Tak Lee and others, this international reputation will be maintained for Guy's.

Tim then became sub-dean to Guy's Hospital medical school and many students benefited from his sound advice and help during this time. His fair appraisal of student problems and his interest in their welfare was always apparent. During the early 1980s the vulnerability of single medical schools meant that if Guy's was to survive, amalgamation with St Thomas's into the United Medical & Dental Schools was essential; an apparently impossible task but as dean to Guy's campus and dean to UMDS, he completed this, following Dr Houston's retirement. He efficiently worked through his enormously heavy workload with enthusiasm. Tim is chairman of both the Royal College of Physicians committee on thoracic medicine and the manpower committee. He is currently president of the British Thoracic Society.

We wish him well in his new role as dean at the National Heart and Lung institute. We are sure that all of us who have been at Guy's while Tim has been around would like to thank him for his energy which has improved patient care and, against a background of potential devastation, forged a powerful, academically sound and still enjoyable combined Medical and Dental School for students and colleagues. Asked on his last day what he would miss, he replied his involvement with teaching medical students. Guy's medical students will certainly miss him.

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William Gull Ward and Hypertension

Dr Watts in praise of William Gull

My queries about the origin of William Gull ward has brought to light a fascinating facet of Guy's history in the form of a reply from Dr William N Mann, previously Senior Physician at Guy's and a successor to Gull as Physician to the Queen, albeit a different Queen and roughly a century later!

William Gull ward, he tells me, was created shortly after the war, when he was Head of the Department of Medicine, in response to a demand by the University of London that the Hospital should have a Professor of Medicine in recognition of its teaching role. To accommodate such a man, 40 beds were prescribed; the proposal met with considerable opposition from some senior hospital physicians of the day and it was considered impracticable to allot so many at that time. A compromise was made, however, with a quota of 20 beds which was deemed sufficient to allow the appointment of a Professor of Experimental Medicine. These were located at the top of Hunt's House—under the eaves on the North side—in the ward previously known as Bright's Annex which had been used for sick nurses. The new ward was named William Gull.

The Professor of Experimental Medicine was duly appointed. He was Professor (now Lord) W J H 'John' Butterfield who was later to move first to Nottingham, as Vice-Chancellor, and then become Regius Professor of Physic and Master of Downing College in Cambridge. While still at Guy's, however, he became, in 1963, the first Pro-

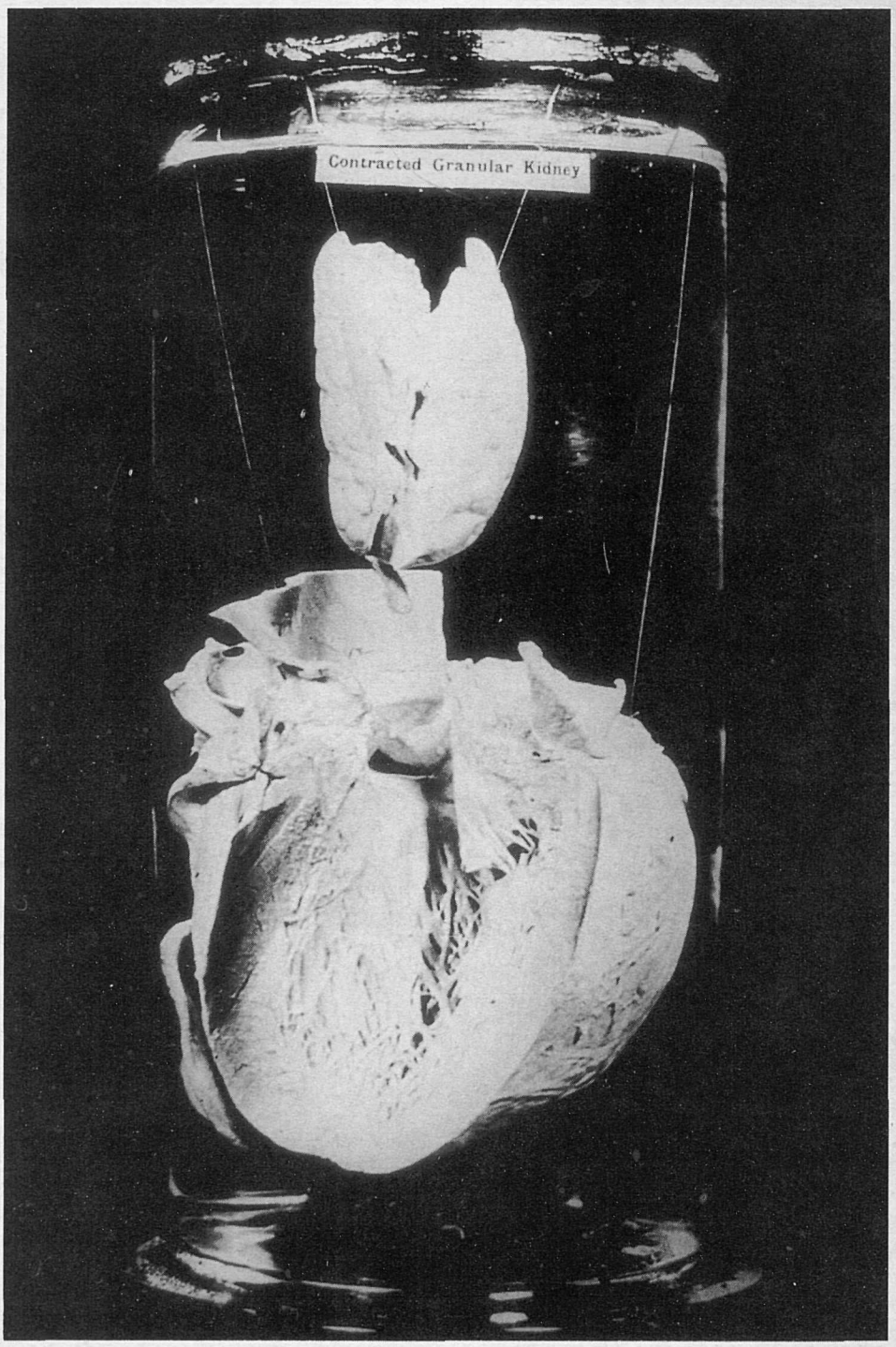

Fig. 1. The heart and kidney preparation of Rhoda Harrison in its original glass jar, as used by William Gull for his lecture on arterio-capillary fibrosis. (Photograph courtesy of Mr J Daws, Gordon Medical Museum).

fessor of Medicine, dropping 'Experimental' from his title and, incidentally, acquiring the full 40 beds!

First hand experience of those early post-war days comes from Margaret Cole, an ex-Guy's Nurse with a long memory. She recalls the ward being created and named on the top floor of Hunt's House, in about 1951, as an endocrinological ward. Just before this, Margaret 'slept' up there on her first night duty as a junior—the lowest of the low! Cubicles were provided for the nurses but sleep was, however, impossible due to a heavy-breathing asthmatic patient named Lil who made more noise trying to be quiet than had she simply not bothered! Later, Margaret did her 'eyes and skin' stint there as well, while Ruth and Barnabas wards on the ground floor were being redecorated. Of such simple experiences are memories made.

The name William Gull was not simply plucked from thin air. Wards had already been named after Bright, Addison and Wilks; what more appropriate than that the name of Gull should be added to commemorate the great Guy's physicians of the nineteenth century. Gull's contributions in the recognition of myxoedema and anorexia nervosa are well known. Less remembered today is his contribution to the understanding of generalised pathological processes in the causation of disease. Morgagni's idea, prevailing in the late 18th century, that disease originated in one or other of the organs of the body was changed by the French pathologist, Bichat. In his great work, Anatomie Générale, published in 1801, he postulated the pathological disorder of tissues rather than of single organs. Thus the symptoms of a disease might have a twofold origin; those caused by inflamed tissue and those due to a disturbed function of the organ concerned. Gull carried the thinking a step further by voicing the changing attitudes of his time with a concrete example.

In his now celebrated lecture, in 1872, (discussed in *Guy's Hospital Reports* (1946); *95*, 73–78, by Mann, then an assistant physician) Gull analysed the cause of death of one Rhoda Harrison who was found insensible in the street on the night of the 20th December, 1847, and was brought by a kindly policeman to the hospital where she later died of haemorrhage. Her heart, kidney and ossified basilar artery were preserved as a single specimen, probably by Bright himself (Fig 1).

Gull's fundamental contribution was to recognise that the malady, which he called arterio-capillary fibrosis, was not a primary kidney malfunction, as might previously have been thought, but due to arterial disease which led (as a result of raised blood pressure) to the massive thickening of the wall of the heart, the secondary contraction of the kidney and the cerebral haemorrhage. The specimen was a 'classical' example illustrating his approach and, as Gull said 'I think . . . the entire man should have been included in this vase . . . then we should have had a truer view of the causation of the cardiac hypertrophy and of disease of the kidney'.

To show the influence of this idea, Mann's paper introduces the brilliant discoveries of Dr Frederick A Mahomed, another great Guy's physician who ingeniously modified a sphygomometer so that it might be used to measure blood pressure (see also *Reports*, 1958; *107*, 323–347). This led him to extend Gull's hypothesis to its logical conclusion with a paper in *Guy's Hospital Reports*—'Chronic Bright's Disease Without Albuminuria' (1879; *24* third series, 363). He made the fundamental discovery that hypertension might antedate any morbid change and he appreciated the importance of the constitutional factor in 'hyperpiesia'.

It was justly claimed (in 1927) that 'the whole story of high blood-pressure, including the little we know of its aetiology and the great deal we know of its consequences, was written at Guy's between the years 1827 (when Bright published his original observations) and 1881'.

Bright made the first discovery but Gull changed the thinking. When one considers the importance of hypertension in medicine today the decision to commemorate William Gull as a ward name was inspired. Perhaps Frederick Mahomed should be put on the short list for possible commemoration in the future.

DCW

The Benkei Restaurant

Just below, and literally at that, Waterloo Station is the 'Benkei', a delightful new Japanese restaurant. The management is very friendly and, unlike other Japanese restaurants in London, the prices are not extortionate. Tea is complimentary, and the most expensive dish available is Sushi at £5.50. My meal was excellent, and I would recommend a Yakisoba (special fried noodles) at £3 for sole diners, and a shared collection of dishes for larger groups so that one is able to sample the variety of authentic cooking on offer.

The portions, like the restaurant itself, are small but I am confident that they will grow if enough patrons express their desire for larger servings. It may take one some effort to find the restaurant on the first occasion but the aroma will probably draw one to it. The food is worth the effort in terms of quality—for the menu on offer is authentic and not just another expensive mimickry. A take-away service is available. The Benkei can be found at 19 Lower Marsh (the Cot), Waterloo.

TCC

Marconi Baird

A man from Yorkshire Television recently accosted me in the grounds, asking directions, on his way to film hospital life. QED followed the health career of one young patient; and BBC's *Panorama* may have shown an episode featuring our Board of Management at work by the time you read this.

But I suppose I am one of a rather rare breed today who actually looks at the *Radio Times* to find details of wireless programmes as opposed to those who treat this medium as a sort of aural wallpaper. I recall being curious as a child why the polished box with more wires attached than any other object in the home should be known as 'wireless'; now only old fogies, like myself, use the term instead of the more popular 'radio', when in fact the old term could be more aptly applied to our 'transistors' and 'ghetto blasters'.

A recent programme 'The Churchill Years' on Radio 4 (Home Service for older readers)—feature a dramatized regurgitation of events during the General Strike of 1926. At one point a 'passenger' (customer for new readers) boarding a bus asked the strikebreaking conductor (remember them?) what his calling was in less troublesome times. 'I'm a medical student at Guy's Hospital, and so is the driver', came the swift reply, followed by—'don't argue with us, or you will find yourself a patient there!' From the report of the Snowflake Ball in the March *Gazette*, medical students appear to have changed little over six decades.

However an appearance by our Chairman, advertising Nuffield House, on the JY Prog (Jimmy Young erstwhile of the Light Programme for older readers) may be of more interest to non-bellicose nurses. I was at home painting the ceiling, hence listening to the wireless mid-morning, and was lucky not to spill the stuff. This was especially so, as the Guy's item was immediately followed by a song—'I who have nothing'. I failed to hear this was Tom Jones, and thought the Chairman was giving a musical riposte to resident nurses hit by the shock of the Poll Tax. Incidentally, I've often heard people complain of dreary tasks by likening them to 'watching paint dry'. I can assure them this activity is exceeded only by that of actually applying emulsion, on the boredom scale. That is until interrupted by the wireless to hear about the delights of our refurbished Nuffield House. We have all recently had the opportunity of being shown around this building by charming nurses who reminded us of the benefits accruing to the NHS side of the hospital from private enterprise.

I must admit though, it does seem a trifle bizarre that privileged treatment, often queue jumping as far as waiting lists are concerned, should be necessary to adequately fund NHS activities. The nurses who work in this private hospital are, as they always were, NHS employees who choose to work there. No one is suffering because of their choice, and the hospital is short of revenue if it does not engage in this activity, so the argument goes. Surely, nurses must realize that increased central funding is the answer if more local people, unable to afford private fees, are not to join ever longer waiting lists? This response arose on the wireless programme when listeners 'phoned in. Nurses should be aware of their 'Code of Professional Conduct', Clause 11, which professionally exhorts them to desist from accepting favours to obtain preferential treatment. I guess this depends on one's interpretation of 'favours', and I suppose one answer is that Guy's Nuffield House, like the Ritz Hotel, is open to all comers.

Denis Cobell

Guy's Hospital Gazette

Have you been feeling cold watching the rugby match? Was there a chilly wind on the towpath? What you need is a Guy's Hospital hipflask. Available from the Gazette office, these attractive flasks are made of stainless steel, and bound in real leather, bearing the Guy's crest. They are available in maroon, royal blue and black. The cost is £10 for the 4 oz flask and £15 for the 6 oz.

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Harry Graham Davies, OBE

Harry Graham Davies, Wales' oldest surviving rugby international, died in Llanidloes Cottage Hospital on 22 May 1990.

He was born in Llanelli on 19 April 1899 and came from a family with a long seafaring tradition based in South West Wales. He was educated in Llandovery College which he left aged 17 and like so many of his contemporaries volunteered for the army. Anxious to serve, he claimed to be a year older than he actually was and originally joined the London Scottish Regiment, transferring to the Machine Gun Corps and eventually being commissioned in the Tank Corps.

Graham came to Guy's after the war in 1919 and qualified in 1925. Those were the days when Guy's rugby was at its strongest and he had a considerable part to play in this. He originally played for New Dock Stars in Llanelli and then for Llanelli, playing at centre alongside the great Albert Jenkins. After qualifying he played for Newport. He was capped for Wales at centre three-quarter twice in 1921 and again in 1925. The Guy's rugby team of those days was invincible and he had many reminiscences about the time. In about 1921 it was an unbeaten team and Cambridge and Oxford Universities declined invitations to play them. The team consisted of twelve South Africans, a Scotsman, an Irishman and a Welshman. About seven of the South Africans became Springboks and all the home players were current internationals. He used to say that one time, following an injury, he was unable to regain his place in the Guy's first team but nevertheless did play for Wales. When playing against Ireland, captained by George Doherty who was also the Guy's captain, he had to talk to him at half time to say that unless he stopped the Irish forwards continuously battering him Guy's would have trouble in the Cup Final the next week as he would be unable to play!

His last visit to Guy's was to the 125th Anniversary of the Guy's Hospital Rugby Club and on that occasion the red carpet was laid down for him. In November 1989, aged 90, he was guest of honour of the Llanelli Rugby Club at Stradey Arms Park for their hard fought match against the All Blacks.

After qualifying he worked as house physician and house surgeon at The Royal Gwent Hospital in Newport, playing rugby for Newport at that time. He first started general practice in Tredegar living in the house originally owned by A J Cronin and working in the same practice as Cronin had vacated some years before.

In 1932 he moved to Llanidloes where he spent the rest of his life in general practice. His practice was a rural one, and there were few people in that area who were not totally devoted to him. Working in such an isolated area he provided a comprehensive medical care rarely seen these days. He was an avid reader and amazingly up to date in his medical knowledge. Many a time he would telephone for advice about surgical problems. With his great sense of humour he would introduce himself to the hospital switchboard as The Professor of Surgery for Wales ringing to ask for advice. Hospital doctors holidaying in that part of Wales occasionally found themselves doing ward rounds on his patients in the local cottage hospital that he ran so wonderfully. He was a great devotee of the NHS from its inception and in the early 1950's served on the Welsh Regional Board. In 1979 he was duly honoured with an OBE for his services to the community and the St John's Ambulance. He finally retired in December 1985.

He was an enthusiast and this enthusiasm spilt over from his work into his hobbies of sailing, photography, reading, golf, and fast cars—many of which were changed at short intervals, some of them not surviving the rigours of mileage in his rural practice!

In 1924 he married Joan Aitken, a nursing sister at Guy's. She was one of three sisters nursing in Guy's at the time and so began a family connection with Guy's as twelve of the family have now trained in Guy's as doctors or nurses. This was a tradition of which he was very proud.

He is survived by his son and daughter, both of whom are Guy's trainees.

Mr A B Richards

Cricket Club

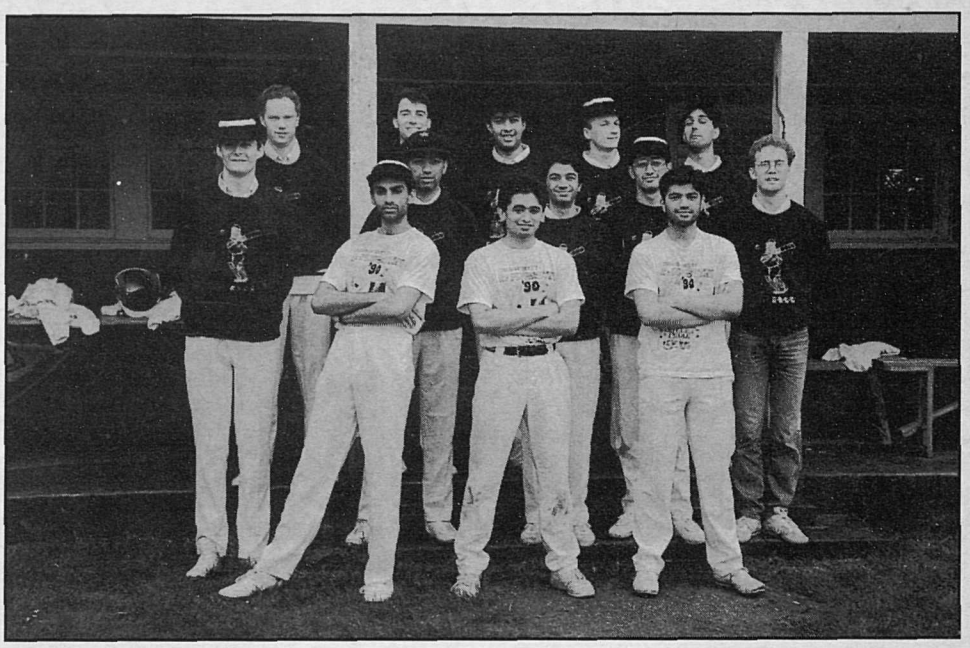
Cricket Tour 1990

Players

Jon 'Bunny' Hare
Mike 'Eddie' Bould
Edgar 'Hilary' Jones
Samir 'Smiley' Latifi
Alex 'Rodney' Paddon
Khalid 'Ayatollah'
Sandeep 'Porno' Paun
Saf 'Hyena' Ghauri
Mike 'Flatus' Goodwin
Massood 'Genghis' Khan
Shabs 'Junior' Shergill
Imran 'Salman' Khan
Sanj 'Judas' Gautama

Umpires

James 'Jabba' Taylor
Lance 'Smegma' Hollis



The cricket tour team

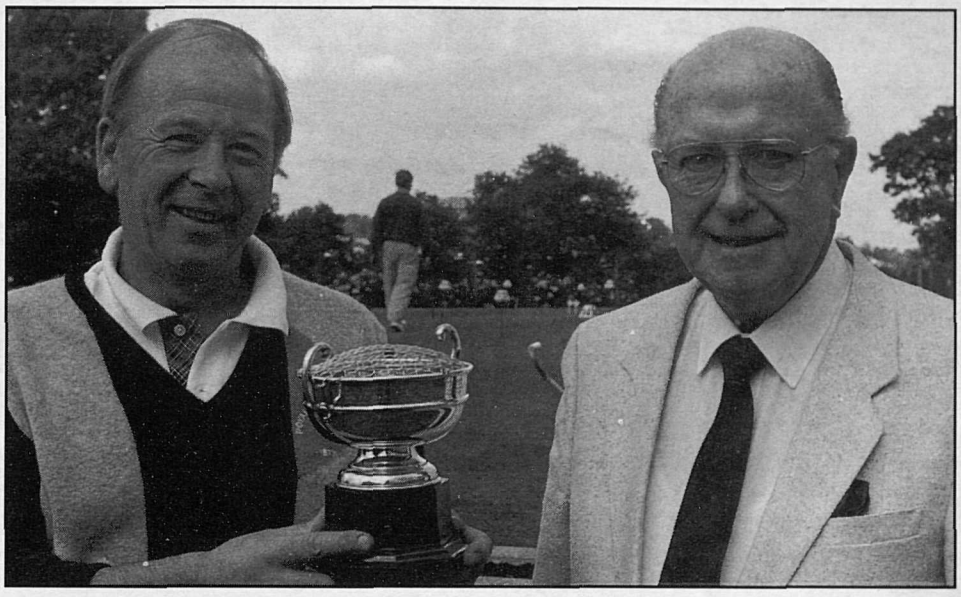
After a fabulously short graduation ceremony, we gathered outside Wolfson House. Miraculously, we left in our fifteen man minibus, only half an hour behind schedule. However, we stopped even before leaving London. A vote had been taken to watch the football semi-final, and we found ourselves cramming into a quaint pub in Kew. Crowding out the locals, we clustered round the huge 14 inch TV. Three thrilling but heartbreaking hours later, we were back on the road to Plymouth. We arrived at two in the morning, with everyone except the driver asleep—though I have my doubts about him! Most of the boys got a mattress to sleep on; some more than others. In fact, I got a whole penthouse suite to myself, as opposed to three in a room. I maintained that this was due to circumstances beyond my control—but the boys still named me Judas!

Following a late start, we spent the morning exploring Plymouth town centre. In the afternoon we printed tour names on the T-shirts and played football. We had arranged an evening match against Landolph—a village side based in the gorgeous Cornish countryside. We batted first, and Flatus promptly ran out a bewildered Junior—who had been looking sharp. It was difficult to score runs due to the long (vertically) outfield. Rodney Robocop went out wearing a helmet, and also his box and thigh pad outside his trousers, even though they had their spinners bowling! Porno caused great hilarity with his running between the wickets. His tour name was soon corrupted to Pauncho. We managed to score a respectable 125 for 7 off the 24 overs. [Rodney: 30 no, Hyena: 25, Ayatollah: 16, and Bunny, 14] Our bowling was just as respectable but, although Hyena did not drop a thing, Salman had a bad day catching. He even broke a finger in the process—shame! We had lent them Eddie, and I was happy to get him out for a duck—with the worst bouncer ever bowled, followed by the worst dispatch of the worst bouncer. Bunny used a strange technique of not warning his bowlers before putting them on to bowl. This resulted in an interesting transference of the ensuing hostility from Bunny to the batsmen. With the light fading, we skittled them out for 85 in 21.2 overs. [Judas: 3 for 10 off 4, Salman: 1 for 8 off 3, Hyena: 2 for 20 off 5, Genghis: 1 for 8 off 2, Ayatollah: 1 for 12 off 4, Porno: 1 for 12 off 1.2, Junior: 1 for 6 off 2] We spent the rest of the evening in a beautifully tranquil riverside pub in Landolph and ended up roaming Plymouth for a takeaway!

Friday did not offer a match—it had been cancelled. Hilary, though, managed to cause a scene at lunch when he received his tour gear. (Ask Rodney for the photos). The afternoon saw us playing football—old boys vs new. Let me tell you, it was rough—professional fouls galore! At one point Rodney was diagnosed as having a fractured fibula (incorrect of course), courtesy of Salman. We even had a penalty with a defensive wall. Remarkably, after playing the worst and possibly the dirtiest football of our lives, the old boys won. After playing 'hunt the minibus keys', we spent the evening in Looe—a lovely Cornish seaside town. We frequented our favourite restaurant, and they promptly put us in a side room. I get the feeling they knew what was coming. By this time Eddie's penalty system was in full swing, and the fines carried on stacking up all evening. The highpoint was when we tried to induce a state of incontinence in Eddie, using two jugs, some water and suggestive psychotherapy from Hilary.

Saturday brought a terrible drizzle all day. However, we weathered through to Bridestowe who were kind enough to offer us a match and sacrifice their wicket to our spikes. For some reason Bunny decided to field first and with some competent bowling and some horrible weather, Bridestowe were forced to declare at 74 for 8. [Salman: 3 for 15 off 12, Genghis: 1 for 17 off 8, Hyena: 1 for 7 off 8, Ayatollah: 1 for 1 off 0.3] Even though I bowled absol-

utely brilliantly, I had no luck at all! I remembered the Bridestowe wicket from the year before. If you knew its ridges well, the batsmen would be in all sorts of trouble. As it was their wicket, they knew it awfully well. Hilary had a nightmare—he hit a winged beast with a shiny, yellowish hue. We were 11 for 4 off 12, when rain finally forced us off. Result—a draw. After the game, we spent the evening in an Italian restaurant. Not having experienced us before and not having a side-room, I'm not sure that they enjoyed our company as much as the bunch at Looe. Put it this way, by the end of the evening, one of the waitresses had lost her voice and wore a particularly ugly frown. As it was Genghis' last evening we gave him an



John Murray (*left*) receives the trophy from David MacDonald

Guy's Hospital Gazette Prints

The *Gazette* has produced full-size photo-facsimiles of five pen and ink drawings by Hanslip Fletcher of Guy's Hospital and its environs, on matt-finish high quality paper suitable for framing. Prices include postage and packing.

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especially traumatic time—verbally, of course. We dropped Hyena, Porno and Ayatollah off in the red light district for the second night in a row. Those stories cannot be printed here.

On Sunday, the weather once again forced our match to be cancelled. Hilary, Junior and Hyena went home, whilst the rest of us had another particularly dirty (in all senses) game of football. This time the youngsters had the better finishing, though we had the better fouls. We watched a mind-numbing World Cup final avec Le Chinese takeway and then zoomed down to the 'Who'd Have Thought It'—a pub on the moors. There Flatus and Eddie took charge and handed out honours including Tour Racist and 'Mutton dressed as lamb' to Smegma, Tour Bullshitter and Fat Slob was awarded to Eddie and Tour Spastic to Rodney (no other contenders). Tour Asexual Fouler was awarded to me, and Tour Citroen Driver to Jabba.

The tour ended with everyone falling asleep watching the Dead Pool, but then 'I told you!'.

I would like to thank wholeheartedly—Julie Coles—for our accommodation, Pete Ogley—for our matches, the Landolph and Bridestowe teams, Jean and all the caterers at Derriford hospital—for being so lovely and feeding us, our sponsors: MDU and MPS—for our fabulous tour gear, and the Moslems on tour—for not lynching me!

Judas

Golf Society

Dental Golf Day

The venue on the 25 May was at Dulwich and Sydenham, where we all had a splendid day with superb weather, and it was here when David MacDonald was on the Staff that he presented for the first time a cup to be played for by Staff and Students. We were all therefore so delighted to see David again, who had come up specially from his home in Hampshire for the presentation. We have begun to widen the field to include postgraduate students and John Murray (a member of the Club) was the worthy victor with 38 points, winning on count back from J E Cardwell with the same score. The Robinson Cup was won by D Howard with a sound 35 points. In all 25 players, including six students, very much enjoyed playing and next year Woodcote Park in Surrey will be the venue.

JDH

CLASSIFIED

Dental House Surgeons

The following recommendations have been made to the Director of Dental Services for appointment of Dental House Surgeons for the period from 1 August 1990 to 31 January 1991.

Resident including General Duties for

Mr Bret Day — P W N THOMAS
Mr O'Driscoll — K FERAN
Mr Gibb — J W TURNER
Mr Haskell — MISS K D McLAREN

Non-resident including General Duties for

Oral Immunology	—	MISS S D EVANS
Oral Medicine, Pathology & Microbiology	—	MISS K HOCKEY
Conservative Dental Surgery	25	MISS J S KHATRI
	26	MISS R AMIN
Orthodontics & Dentistry for Children	—	MISS I HOLROYD
	—	MISS L D BREEZE
Prosthetic Dentistry	—	MISS S PATEL
	—	VACANCY
Periodontology & Preventive Dentistry	—	MISS A D STEWART

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2. — MISS S E L DAVEY
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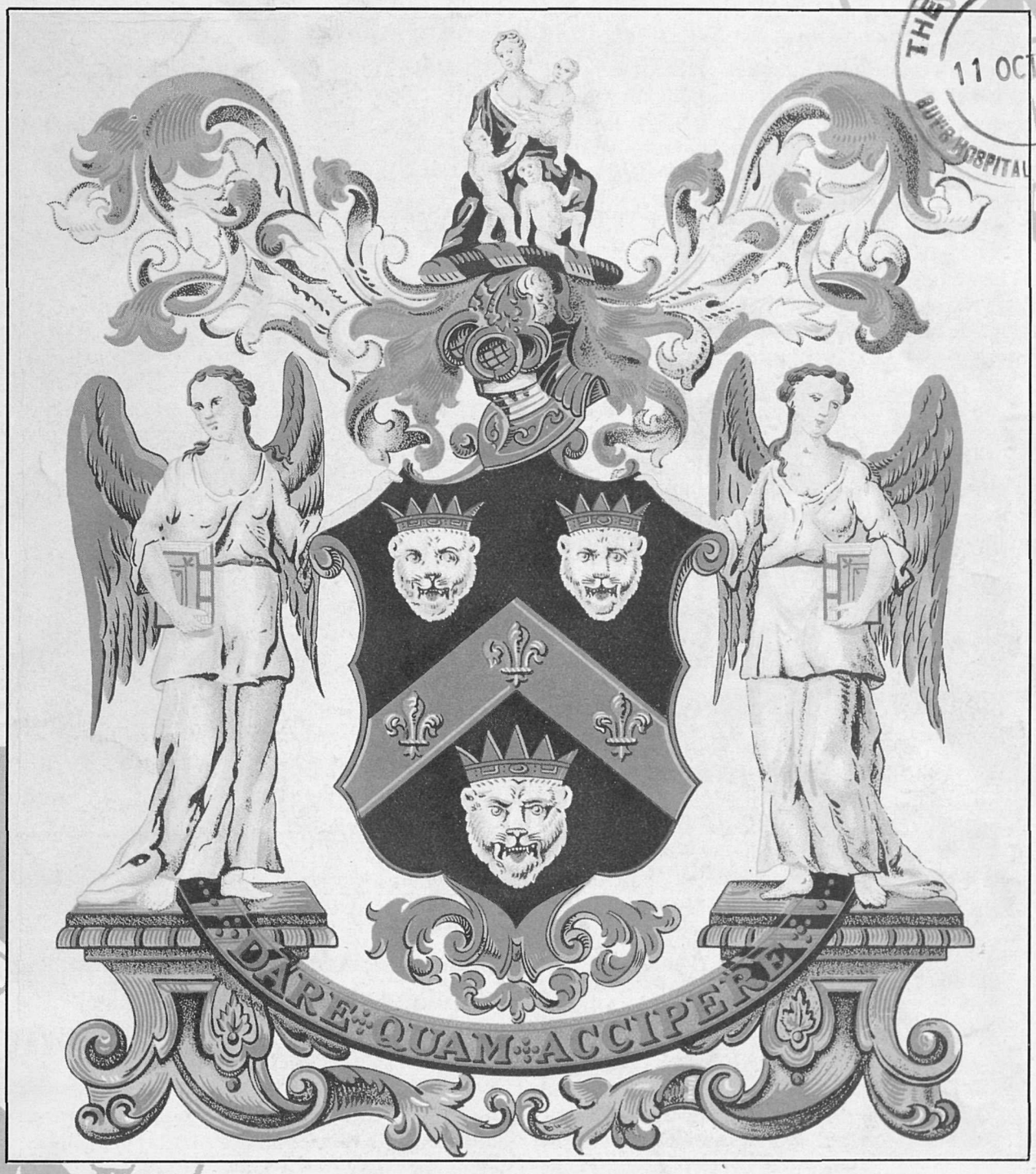

Dr Philip Evans
Cyril Chantler pays tribute to the eminent paediatrician

The Doodlebug Era
Life at Guy's during the war

The Rothschild Man
An interview with Prof Haycock

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GUY'S GAZETTE

CONTENTS

129 Passim

130 Letters—House job chaos. A4 views.

131 News—Guy's to opt out.

134 Dr Philip Evans—Cyril Chantler pays tribute

137 Compassion—a poem written by Philip Evans

139 Fifty Years of Paediatrics—the recollections of Philip Evans

141 Ronald McDonald House—Tim Plunkett pays a visit

143 The Doodlebug Era—wartime memories of Dr Donald Paine

145 The Rothschild Man an interview with Prof Haycock

147 Dental Notes—dental society programme

Guy's Gazette

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Passim

The Government White Paper on the health service changes has been the subject of much debate since its publication in February 1989. Many consultants, including some at Guy's, were excited at the prospect of hospitals becoming self-governing trusts, others were disturbed by what they considered to be an over-enthusiastic approach. Recently, a poll of consultants at the two hospitals (which had a ninety per cent turn out) revealed that sixty four per cent of them were in favour of the hospitals becoming trusts in April next year. Within a hour of the vote, hospital managers had reportedly submitted an application for self-governing status. This news may come as no surprise as the hospital has adopted a high-profile since the reforms were announced. However, the result of a second question in the ballot was perhaps more interesting. The consultants were asked whether they considered the NHS changes to be in the best long-term interests of public health care in Britain. Surprisingly, in view of the fact that they voted in favour of the hospitals adopting the changes, sixty five per cent of consultants at Guy's and seventy three per cent of consultants at Lewisham believed that they were not in the public's best interests. It is difficult to reconcile these results, especially since the Government's motives for the reforms are to shorten waiting lists and improve the service to the public. The consultants' decision in favour of the hospitals becoming self-governing follow surveys which revealed that a considerable majority of local GP's and hospital employees were against the reforms.

There are clearly many advantages in the hospitals becoming self-governing trusts, but it is still an experiment in public health management which does not have wide support outside of the consultant body, and even they apparently do not consider the reforms to be in the public's best interest. The Government was keen that only a small number of units should initially be given freedom within the new internal market in the NHS for fear of creating administrative chaos, and has made it clear that it does not expect these units to operate differently in their first year. However, a recently leaked confidential NHS management board document stated that the Health Secretary agreed that senior managers should try to pre-empt cuts at London hospitals as shire health districts withdraw contracts from them and place the business with local hospitals.

It said a statement should be made in October about planned permanent reduction in NHS capacity in London. It pointed out that 2,730 hospital beds in the four Thames regions, including 874 in inner London, have either been closed or are earmarked for closure by April 1991.

Obviously no-one can predict what will happen after April 1991, but there is the potential for dramatic, possibly irreversible changes, and it would have been heartening if the consultants had indicated that they believed they were doing the best thing for everyone.

GAZETTE LETTERS

House job chaos

Dear Sir,

I would like to bring to the attention of your readers the hurried at rather chaotic changes that are being made to the system of allocating pre-registration house jobs at UMDS. As most readers will know, these have been awarded for many years on the basis of the sign-ups received by students during their clinical firms: a student's cumulative sign-up gives him or her a place in a ranked list of all students, and who are then allowed, in order of rank, to choose house jobs from the Guy's scheme.

Although this system has received justified criticism in the past, it was reaffirmed as little as two years ago with the introduction of a sign-up which had to be 'negotiated' between the student and consultant. This modification was intended to ensure that the student had the opportunity to discuss any aspect of the sign up which seemed to them to be unfair.

Students have still not to date (16 August) received any formal notification that the system for allocating house jobs is changing, but enquiries at the medical school office reveal that it is. The changes are intended to 'integrate' the house jobs of Guy's and St Thomas's, offering students the opportunity to apply for jobs on the other campus if they so choose. The system at St Thomas's, however, works on the basis of interviews between consultants and students, so in order to produce a new system acceptable on both campuses, some way of combining sign-ups and interviews will have to be devised. No such system has yet been announced.

The main problem with the change, however, is the rapidity with which it is being introduced. Applications for house jobs must now be completed before students leave for their electives, on 21 September. No information about the jobs available, or the system for applying for them, will be available before 3 September. This absurdly short decision period, coming on top of the pre-elective 'exam' on 12 September (see last Gazette), and the inevitable last-minute preparations for travel, makes it seem very unlikely that anyone will complicate their application by choosing to pursue a job on the opposite campus. (At the moment we cannot even try to find out more about the St Thomas's jobs because no list of them is yet available.)

The changes may succeed in UMDSifying one more aspect of Guy's life, but they will do so at the expense of putting a great deal of unnecessary pressure on the final-year students, and will probably not achieve any measureable integration between the two sets of students at all. Perhaps someone in the medical school will be able to explain why it was necessary to rush in this important change at the last minute, with no prior warning, when a year's delay would have enabled more considered, and considerate, action to be taken.

Yours faithfully

MARK SLADE
Boland House

Special Trustees

Dear Sir,

Needless to say I was more than pleased and honoured that the Boat Club should give my name to the ladies' new boat. Liz Gibson was good enough to mention a little of my background in her account of the launch in your July issue.

For those readers of the Gazette who might not be as old as some, they may be interested to know a little about the appointment of Clerk to the Governors. The first holder of this office was John Adlam, who was elected Clerk at the meeting on the 21 April 1725 of the General Court of the President and Governors of the Hospital, founded at the sole costs and charges of Thomas Guy Esq. At the same Court Dr John Oldfield and Dr James Jurin were elected the first Physicians to the Hospital, and Francis Crofts and Andrew Cooper became the first Surgeons, Mr. Crofts to be resident.

At the meeting of the Court of Committees, held on the 11 May 1725, Anne Rowney was elected Matron.

The office I held was what today would no doubt be known as the General Manager, and my appointment in 1961 was the last before the dissolution of the Board of Governors in 1974. The appointment of Clerk at that time was sufficiently important to be noted in the National Press!

I retired from the National Health Service when my appointment was abolished, but remained as a part-timer to set up the Special Trustees of Guy's Hospital, who became responsible for the management and control of the Guy's Hospital Endowment Fund after the old Board's demise.

Currently the Special Trustees are meeting a considerable proportion of the cost of Phase III. Since the introduction of the National Health Service in 1948 the Endowment Fund has met in whole or in part the cost of such schemes as the reconstruction of Thomas Guy's original building (Guy's House), the building of New Guy's House, Guy's Tower, the Greenwood Theatre and Orchard-Lisle Swimming Pool, and many other buildings on the Hospital site, as well as making a very substantial and continuing contribution to medical and dental research in the Hospital and School.

Yours faithfully

A H BURFOOT
Guy's Hospital

Pleasing the wife

Dear Sir,

The letters in your July number brought joy to this house. Strips were torn off me by dear old Grasby and by young Barwell for my having dared to say there would be no more old Guy's men. My wife is delighted because she always says I am never wrong; I am delighted because it seems possible—just possible—that I am!

Dr G SICHEL
41 Summerhayes
Milton Keynes
MK14 5EX

Gazette format

Dear Sir,

I wish to add my voice to the multitude calling for the reinstatement of the 'old style' Gazette. So strongly do I feel about this matter I am putting pen to paper from the other side of the globe! Even now as wild dingo howl into the night and fur covered marsupials bound past my window, I find myself mulling over this contentious issue. In my view, although the new Gazette contains more news, views and advertisements it lacks the one essential element which the old style format bestowed upon itself—character. Please let common sense prevail—give us back the old Gazette!

Incidentally I hereby open correspondence regarding who is the furthest subscriber to the Gazette. I claim my prize—unless, of course any of your esteemed readers know better!

Yours faithfully,

Mr W J A HARTY
110 Kooyong Rd
Melbourne 3143
Australia

Tempus fugit

Dear Sir,

Your last issue of the Guys Gazette struck some sad chords. Deaths: Opie, Spurrell.

My mother died August 5 1985 and would have been known at Guys as H M York, sometime Staff Nurse. (Married Dr W E Fox)

Whatever happened to 'The Ladies Association' at Guys? Kitty Bullied was often mentioned by my mother, I recall.

Yours faithfully

G A FOX
Flat 13
Carole House
9 Maple Rd
London SE20 8HZ

GAZETTE NEWS

Diabetic Renal Disease

Prof Giancarlo Viberti, Prof of Diabetic Medicine at UMDS, has found that there is a rise in the amount of albumin in the urine of some insulin-dependent diabetics. Eighty per cent of diabetics with albumin uria develop kidney disease. Prof Viberti said that these patients had blood pressures 'within the normal range, but significantly higher than they should be'. He believed that a predisposition to hypertension in diabetics might contribute to renal damage, and found that parents of the susceptible group had higher blood pressures, and a higher salt activity in their arteries than normal. Prof Viberti believes that it may be possible to control the hypertension by interfering with the mechanisms regulating sodium reabsorphic. In the US and Europe pilot studies of a drug to achieve this have resulted in a significant reduction in blood pressure in these patients. This finding could prevent up to 600 people a year developing renal failure.

NZ Calling

Dr Shaun Cross urgently needs a partner for his general practice in North Land, New Zealand. Anyone interested can contact Dr Cross at PO Box 602, Kaikohe, N Land, New Zealand.

Guy's Overspends

Guy's Hospital was overspent by £505,000 at the end of June. However, once account is taken of the additional funding recently announced for Regional Specialities this position will improve slightly. The figures for June are the first which give a true indication of the Hospital's budgetary position. Due to delays in issuing firm allocations, any savings plans are unlikely to have had significant impact in this quarter and over the next few months there must be significant reductions in the rate of expenditure if the hospital is to redress the current overspend.

Theatre Savings

Two operating theatres at Guy's will be closed later this year. The two theatres could be re-utilized in the future for day cases and it is hoped that there will also be a more efficient utilisation of the remaining theatre capacity. In addition, ODA cover will be withdrawn from non-theatre areas except where paid for. These changes will achieve a saving of £177,000.

Thomas Guy Club

The Special Trustees have provided a grant to enable the opening of the Lewisham branch of the Thomas Guy Club. All existing Thomas Guy Club members at Guy's will be able to use the Lewisham Club. A full report of the Thomas Guy Club activities will be featured in next month's *Gazette*.

Guy's Hospital Gazette Prints

The *Gazette* has produced full-size photo-facsimiles of five pen and ink drawings by Hanslip Fletcher of Guy's Hospital and its environs, on matt-finish high quality paper suitable for framing. Prices include postage and packing.

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Guy's Opt Out

In a poll of the consultants at Guy's and Lewisham Hospitals, 64 per cent were in favour of the hospitals becoming self-governing trusts. However, 67 per cent of the consultants in the poll, which had a 90 per cent turnout, thought that the health service changes were not in the best interests of health care compared with 15 per cent who thought that they were. Earlier this year 4,650 staff at the Guy's Hospital voted three to one against opting out of health authority control; a second ballot of local GPs showed that 87 per cent were against the idea.

The application will go out to consultation for three months before a final decision is made by Kenneth Clarke, the health secretary.

Piece of Cake!

Guy's earned more than £25,000 from its first year of collaboration with Sussex bakers A Piece of Cake. Also Guy's is set to earn between £1,500 and £2,000 each time that a bakery is introduced into another hospital.

Doctor's Pay

Kenneth Clarke has confirmed that the Doctors' and Dentists' Review Body will be scrapped within two years. Mr Clarke endorsed the plan by NHS personnel chief—Eric Caines to spread pay flexibly from self-governing hospitals to all hospitals, leaving unit managers to fix local salary levels. This had led to a fear the doctors will be deferred from taking posts in unglamorous parts of the country.

Philip Harris House

Health minister Virginia Bottomley was at Guy's on 27 July for the ceremonial driving of the first pile in the building of Philip Harris House (Phase III). The building should be completed in 1994 and will contain outpatient and clinical wards and departments. While construction continues no parking will be allowed in Crt Maze Pond between the exit from the Park and the St Thomas' St junction.

New Head Mistress

Mrs Catherine Stokes has been appointed as the new Head Mistress of Guy's Hospital School. Mrs Stokes will begin work on 1 September 1990.

Sir Cyril Clarke

Sir Cyril Clarke, KBE, FRS has been awarded the Buchanan Medal by the Royal Society of Medicine. Sir Cyril, who trained at Guy's, was awarded the prize for his innovative studies on haemolytic disease of the newborn. In this condition, a mother lacking the Rh(D) red blood cell antigen is at risk of becoming immunized and developing antibodies to D if her fetus has inherited the D antigen from the father and small spontaneous transplacental haemorrhages of D-positive fetal blood cells occur during pregnancy. These maternal antibodies against D will attack D-positive fetuses in subsequent pregnancies with serious or fatal consequences. It was the work of Sir Cyril and his group at Liverpool that led to the further crucial discovery that a small injection of anti-D antibody to the mother immediately after the first pregnancy will protect against Rh(D) immunization, which had completely altered the outlook for women at risk and largely eliminated the disease throughout the world. This has undoubtedly been one of the major advances in preventive medicine in recent decades.

Dental Reunion

There will be a reunion of Guy's dental men who qualified between 1944 and 1945. The dinner will be held at The Spa Hotel, Mount Ephraim, Tunbridge Wells on Tuesday 6 November. Tickets cost £19 and full details can be obtained from Denis Reid, 13 Barnfield Road, Livermead, Torquay, TW2 6TN.

Consultant hours

Consultants might be putting their patients at risk by working excessive hours in the NHS and private sector, according to a Commons public accounts committee report. Health authorities need to know the total hours consultants work in both NHS and private hospitals to ensure they are not overworking.

Award for Museum

The Florence Nightingale Museum has won a Certificate of Distinction from British Tourist Authority. The award was presented for outstanding achievement in tourism. The museum is set on the site of St Thomas' Hospital and displays original artefacts showing the life of Florence Nightingale and her impact on the world of nursing and health reform.

Electronic Ordering

Nurses on Martha Ward at Guy's will be able to order all their requirements direct through a computer terminal in the ward. The ward sister, one staff nurse and the ward clerk have been trained in ordering from the 3,000 items available from the SE Thames regional health authority supply depot. The system—believed to be the first in the country which does away with a requisition form to order supplies—will allow nurses to check prices and availability. When items are not in stock, the nurses will be able to consider the alternatives.

If successful, the scheme will be extended to other wards.

The Friends of Guy's Hospital held their Biennial Fête on 31st May this year when the Special Project for which funds were being sought was the Intensive Care Unit. The sum raised was £5,461.47.

There was great assistance and welcome support from Dr David Bihari, Director of Intensive Care, and his staff and our grateful thanks go to them as well as to Mr Lee Soden, Miss R Tierney and Mr John Baldwin and their staffs; also to members of the Services Branch of the Friends. All gave generously of their time and put in a great deal of effort and hard work to achieve this result.

'The Friends' are taking part in 'The Hospitals of London Flag Day' on Tuesday, 16th October when the collection will be for equipment for the Intensive Care Unit, which, as mentioned above, is the Special Project for 'The Friends' this year.

We will be most grateful if anyone who could help with the street collection on 16th October would contact Mrs Jean Miller, Assistant Secretary, Services Branch of The Friends, either in writing to the Office of The Friends, in the Nurses Home, or by 'phone on a Monday, Wednesday or Friday between 11.00 am and 4 pm on 071-955 5000 Extension 5464.

Dr Philip Rainsford Evans

A personal tribute

Philip Evans died on 5 July at the age of 80. He was born on 14 April 1910 and his father was the headmaster of Leighton Park School. He was educated at Leighton Park before proceeding to Manchester University where he obtained the BSc Degree in 1930, qualifying MB in 1933. He became a member of the Royal College of Physicians in 1935 and a Fellow in 1945. He obtained his MD Degree in 1941. He was a Rockefeller Travelling Research Fellow in the United States in 1937 and 1938 followed by a year as assistant paediatrician in the outpatient department of the Harriet Lane Children's Unit at the John Hopkins Hospital, Baltimore. Prior to this in 1935 he had been appointed as Paediatric Registrar at King's College Hospital under Sir Wilfrid Sheldon. He returned to King's in 1939 and when war broke out went with the King's Unit to Cuckfield in Sussex. Soon after he joined the Royal Army Medical Corps and served in North Africa and Italy, being mentioned in despatches. He was demobilised in 1946 and given the rank of Honorary Colonel in the Army Medical Services. He remained as the Civilian Consultant to the British Army until his retirement.

In 1946, on his return to civilian life he was appointed as a physician to the Hospital for Sick Children, Great Ormond Street.

The senior, and indeed only, paediatrician at Guy's at that time was Dr Richard Ellis who in 1946 was appointed to the Chair of Child Health in the University of Edinburgh. Although Philip Evans was junior to Sir Wilfrid Sheldon he was not a great deal younger and therefore it was obviously sensible for him to move to Guy's as Director of Paediatrics to replace Ellis.

He served as Director of Paediatrics at Guy's from 1946 to 1971 and of course was Physician to the Evelina Children's Hospital in Southwark Bridge Road during this period.

The Evelina Children's Hospital closed in 1975 and amalgamated with the children's wards at Guy's to form the Evelina Children's Unit. Today this unit is the largest of any in the undergraduate teaching hospitals in London and enjoys a high reputation both at home and overseas. Those of us who have the privilege of working in the Unit recognise how much we owe to Philip Evans for his inspired leadership in creating our department. Soon after his appointment he recruited Dr Ronald MacKeith to join him at Guy's and the extraordinary combination of Ronnie's imagination, passion and flair combined with his deep concern for the chronically handicapped child with Philip's precise, kind, intelligent and firm leadership produced remarkable results. Later Professor Paul Polani, FRS, who had made considerable contributions to keep Guy's paediatrics afloat during the dark days of the War, founded the Paediatric Research Unit and still later, Dr Michael Joseph joined Philip and Ronnie as the third paediatrician. These four were responsible for designing the new department which we occupy in the Tower, for developing the concept of regional speciality services, for linking basic research into the causes of handicap to the clinical problems and in establishing our reputation for caring for handicapped children with constant regard for the needs of the child rather than the exigencies of the service.

The leadership of such a group and their achievements would seem to be sufficient to occupy most people for all of their working hours but during this time Philip was also Paediatrician to the Hospital for Sick Children, Editor of the Archives of Disease in Childhood, published original papers and edited Garrod, Batten and Thursfield's Diseases of Children. He became an Honorary Member of the British, French and American Paediatric Societies, served on many national and governmental committees and was President of the Section of Paediatrics at the Royal Society of Medicine and after his retirement became President of the Section of Comparative Medicine which demonstrated his wide range of interests. He was Secretary of the British Paediatric Association between 1954 and 1959 and he examined in many universities, both at home and abroad. He was a member of Council of the Royal College of Physicians and a Censor. He received the Dawson Williams Prize of the British Medical Association in 1969 and the Moxson Medal of the College of Physicians in 1987.

". . . Those of us who have the privilege of working in the Unit recognise how much we owe to Philip Evans for his inspired leadership . . ."

One of the most remarkable achievements occurred in the late 60's when he became the leader of the first medical team sent from this country to advise and assist at the Children's Hospital in Saigon during the Vietnam War. An account of an amazing year can be found in the book published by his wife, Dr Barbara Evans on their return, entitled 'Caduceus in Saigon'. In 1972 he was appointed Physician Paediatrician to Her Majesty the Queen. In 1971 he retired from Guy's but served a few more years as the Senior Physician to the Hospital for Sick Children, Great Ormond Street and as Director of the Tay-Sachs Foundation. After his retirement from the National Health Service he continued to pursue his private practice for a few more years and his hobbies, particularly painting, paintings and poetry. One of his poems is published in this issue of the *Gazette*. His latter years were marred by a series of physical difficulties, including a number of operations which he bore with the quiet fortitude that was his hallmark throughout his life.

This account of one man's achievements is almost daunting and will serve as a memorial to a remarkable man. But Philip Evans did not just leave behind him a record of service to others and the reality of the Evelina Children's Unit at Guy's, much more importantly he served as the inspiration to a whole generation of paediatricians. There are many paediatricians throughout the world, myself included, who were attracted to paediatrics by his example. In an age when senior consultants sometimes created apprehension in young medical students (maybe they still do!) here was a man of high intelligence, solid rectitude and deep humanity who was approachable. He was shy and modest but assiduous in his attention to his duties both as a teacher and as a doctor and always prepared to give good advice although reticent to offer it. He was the foremost clinical paediatrician of his age in the United Kingdom and both here and at Great Ormond Street his outpatients were full of a succession of children and their families referred from all over the country for his opinion. He set and encouraged others to achieve the highest standards in their work.

Looking back, what seems to me to be most remarkable was that he always seemed to have time, in spite of his many responsibilities. When I knew him as a Houseman and Registrar he had a substantial private practice about which I knew nothing. Later I asked him how he managed to fit it in and he replied that it had mainly been done at nights and at week-ends and I suspect to little financial benefit. Because of his inate reserve it took time to get to know him and for me that only began to happen when I became his Senior Registrar at Guy's, even though I had worked for him previouisly, both here and at Great Ormond Street. Immediately that happened one became exposed to his brilliant sense of humour and from then on even when he was seriously ill, I don't think that we ever met without a quiet chuckle and usually uproarious laughter. His humour was never harsh and frequently directed against himself. His fascination with science, particularly the biological sciences, meant that every conversation left one wiser and better informed. In some ways the flavour of the man is apparent from the last article he wrote concerning his experience at King's College Hospital and which is republished in this issue of the *Gazette*. It is based on a talk given at a meeting at King's on the occasion of the retirement of Professor

Sir Eric Stroud, held on 1 October 1988. Although hardly able to stand because of problems with his knees he insisted on doing so to give his talk remarking as he opened that 'it seemed a very good turnout for the first day of the pheasant season'!

In partnership with many great men is often a strong and supportive woman and vice versa. Barbara Evans is such a person and was his constant support throughout, not least in the difficult final years. Her contributions as a medical journalist on the Sunday Times and in many other fields, including her books, are well known—all this and a strong family life with four successful children. Truly a remarkable life.

It is difficult to find words to pay adequate tribute to Philip Evans. Perhaps it was all best summarised by Dame June Lloyd's citation on the presentation of Moxon Medal of the Royal College of Physicians. She said that Philip Evans was 'the kind of man and doctor that everyone would wish to be'.

Philip himself once quoted Sir William Osler's words on the life of a doctor and they fit.

'I have had three personal ideals. One is to do the day's work well and not bother about tomorrow. It has been urged that this is not a satisfactory ideal. It is; and there is not one that a student can carry with him into practise with greater effect. To it, more than to anything else, I owe what success I have had—to this power of settling down to a day's work, and trying to do it well to the best of one's ability, letting the future take care of itself'.

The second ideal has been to act the Golden Rule (that is, do as you would be done by) 'as far as in me lay, towards my professional brethren and towards the patients commited to my care.

And the third has been to cultivate such a measure of equanimity as would enable me to bear success with humility, the affection of my friends without pride, and to be ready when the day of sorrow and grief came, to meet it with the courage befitting a man'.

CC

Guy's Hospital Gazette

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Compassion

A poem by Dr Philip Evans

Hundreds, hundreds I see with rigor, ache and pain
With the throbbing pulse that flogs the bursting brain,
Rows of burning cheeks and cracked brown lips
Trying to drink oblivion in sips.
Why should I care? Will my heart's tears
Soften their suffering? Are my fears
Anodyne to theirs? Can I rob
Them of their sorrow by my sob?
I should be cool and calm
A presence bringing balm
Death-defying
Confidence-giving
Relieving the dying
Reviving the living
While the subtle brain, deliberate and sure,
Elaborates a means of cure.
But can
The evangelist make converts if he does not feel the sin
In his bones?
The would-be martyr know the cost of martyrdom and not
Have thrown stones?
The lover comfort the beloved bereft and his own heart
Rest unlanced?
The doctor lead the strained tumultuous soul
To tranquil rest
And not have felt the pang of insufficiency
In his own breast?
Dispassionate compassion may be cold,

In sympathy the hacking cough racks **you**
The fevered body fevers **your** mind too;
Sympathy is minted gold,
Passionate compassion but controlled.
They say the sea runs in a sailor's veins,
Well, infective toxins bathe a doctor's brains,
We resist, are cold and scientific
And prescribe a course of some specific,
Coolly with detachment treat
Injured limbs as so much meat
And yet some triviality betrays us—
A tired smile or some nostalgic phrases
In the country accent that we knew
Once, when we were young and suffered too,
And the surgeon cuts the tissues
As what they are, the living issues.

The crispness of the Alpine air,
The skis hiss on the snow
The laxity of limbs at rest
When the climb is done,
The creaming water in the wake
The sail's swell in the blow,
The pigeon's angled switch in flight
Followed by the gun,
The lissom body lying close
The friendly hands and eyes,
These are the things that matter most,
These are the prize.

Yet light is splintered by a prism
Into scintillating colours,
Compassion splits your hedonism
Into ecstasy and colours;
We must accept that light has dark as shine has rain,
So love is mingled with compassion, joy with pain.

Fifty Years of Paediatrics

The Recollections of Dr Philip Evans

Kings's College Hospital pioneered British paediatrics. It was the first teaching hospital to have a children's department, which was founded when George Frederic Still was invited to join the consultant staff in 1899. Still was himself a pioneer, being the first doctor to practise full time paediatrics as a separate specialty from adult general medicine. In 1906 he became the first professor of paediatrics.

Mind you, he was on his own. There were no clinical departments as we understand them. Now the nucleus of a department is an office, a secretary, and a telephone with academics attached to the cell membrane. When I came here a generation after Still's arrival the department consisted of a ward and three outpatient clinics. The consultant had a coat hook, the half time registrar had a locker, and the house physician was shared with neurology—an appointment known as 'kids and nerves'.

Still had held the formative post of medical registrar and pathologist at the Hospital for Sick Children, Great Ormond Street. Some years later he was allowed to have an assistant physician, so the then incumbent of the post at Great Ormond Street, R S Frew, was appointed. Sixteen years later he retired to look after his private practice: remember that voluntary hospital consultants were not paid for their hospital work before 1948. When Frew left, Still simply arranged for the contemporary registrar from Great Ormond Street, Wilfrid Sheldon, to move to King's. Sheldon was 26 years old.

Sir Frederic Still retired in 1933. He had two wards—Pantia Ralli and Princess Elizabeth (Still was Princess Elizabeth's paediatrician; I don't know whether the Queen remembers her first doctor). When Still left, Pantia Ralli was taken away from young Sheldon and turned over to the psychiatrists. Sheldon went on alone for six years until I was appointed assistant in 1939.

Perhaps I should explain how I came to be here at all. In 1935 there was a vacancy for a medical registrar and pathologist at Great Ormond Street. George Newns and I applied, and he was appointed. I knew he was registrar at King's so I telephoned for an appointment with Sheldon, went to see him in his rooms in Upper Wimpole Street, and said that I should like to apply for the forthcoming appointment.

Wilfrid Sheldon had an unnerving habit of not speaking until he was ready. A long Sheldonian silence ensued and then he said 'Very well, I will tell them not to advertise. Start on October the first'. You see how opportunism sometimes pays.

It was a half time job that paid £70 a year, but Sheldon got me to conduct two of his rheumatism clinics (one at King's and one at Walthamstow), and with charity tea parties and so on got me a small stipend to do research into juvenile rheumatism. At that time rheumatic fever and chorea were great scourges. The London County Council maintained two and a half large hospitals solely for children with rheumatic heart disease who were treated by bed rest for months or even years. With these payments, together with fees from tutoring and correcting papers for the London Correspondence College at three pence a question, I earned about £450 a year—a living wage.

My duties were to be in outpatients twice a week, and to do business rounds with the house physician, and twice weekly teaching rounds with the chief. These teaching rounds were processional: first went the chief with the house physician and sister, followed by a nurse wheeling a trolley with instruments and notes, then the students followed by the registrar (who did not speak unless spoken to) and, finally, a junior nurse whose job it was to go to any child who cried and whisk it off to the sluice room where the cries could not be heard. After 1948–50 it was thought repressive to insist on silence, and the peace of the ward round was destroyed for ever.

I travelled daily from Pimlico to Denmark Hill by tram, which meant that I arrived for Friday's round having read the latest *Lancet*, which Dr Sheldon (driving himself in his Wolseley) had not done. One up to me, sometimes.

Rheumatic fever and chorea accounted for one third of our patients. Apart from sodium salicylate for arthritis—very effective—bed rest was the main-stay of treatment, the aim being to rest the heart and limit its injury. We now know that lying flat is not the best way to rest the heart, but it may not have been totally stupid. I knew of a child in New York (where they were allowed to sit up on bed pans) who died while straining at stool.

Tuberculosis was not the pest that it had been in the 19th century but it was still common. Scurvy had almost disappeared, but rickets was often seen. Urinary tract infections were treated by making the urine alkaline with potassium citrate. Pneumonia was com-

mon, but was fortunately more benign in children than in adults. It was treated by good nursing alone until the introduction of sulphapyridine in 1938–9, but there was no antibiotic until penicillin became available in limited quantities after the war. Dr Sheldon did not always treat mild pneumonia with sulphapyridine, as he thought that it often made the children more ill than the pneumonia did.

Gastroenteritis was treated by modified feeding. In 1934 it was discovered that babies' veins could be used for drips, but each one required a cut down for the insertion of a Bateman needle or cannula. Treatment was empirical; blood electrolyte concentrations could not be measured.

The Ramstedt operation for pyloric stenosis cured a lot of babies, but the mortality was between 4 and 20%—mostly from gastroenteritis. This was the result of the babies being nursed in an open ward with no cubicles. We could not prevent gastroenteritis from spreading and yet could barrier nurse patients with typhoid with confidence. Patients with poliomyelitis were not isolated and yet the disease did not spread throughout the hospital, probably because of 'herd' immunity. Paracentesis of the ear drum was the commonest operation carried out, but tonsillectomy and circumcision were also widely practised. In season, there were usually a couple of empyemas being drained.

That was the 1930s—time to move to the 1940s. In 1939 war broke out and because heavy bombing was expected in London the hospitals were moved out. King's was transformed to Horton Mental Hospital at Epsom, but because of evacuation of children to the country the children's department (at least the doctors, sisters, and students) went to Cuckfield in Sussex where the workhouse had a modern hospital block, though it was not well equipped to start with. There was only one hypodermic syringe, which was the property of the senior nurse; when she was sacked she took it with her. After some weeks radiographic equipment was installed in the gasman's workshop. Pathology specimens were sent by post to a mental hospital 30 miles away, so we did not get many urgent tests done. Most of what we sent was throat swabs for the diagnosis of diphtheria until we got our own laboratory about a year later. This was converted from a ward that was freed when huts were built in the grounds to take the place of wards. There were no resident doctors, but there were lodgings in the nearby village.

The summer of 1940 was beautiful and we used to pause in our tennis to watch the Battle of Britain, though we did not appreciate what was happening until it was over. One morning I was teaching with my back to the window, when I thought I was losing the attention of the audience. I droned on, and when the session was over the students told me that they had been watching a 'dog fight' in the air. One plane was shot down. The local builder jumped in his car, drove to the site, and took the German pilot prisoner.

So rural life continued; we were busy but not too busy, and patients were treated and medical and nursing students taught.

When the department moved again in 1943 because the Canadian army wanted Cuckfield Hospital I was abroad. The next location of the King's paediatric unit was at Elfinsward, Haywards Heath, which was a diocesan home for retired clergymen. I don't know what became of them, but people were always being displaced during the war.

When the war ended in 1945 King's returned to Denmark Hill, and by the time I got home in 1946 it was much as it had been before. I was assistant physician with two outpatient days and four beds, and no prospect of more until I was at least 52 years old because Wilfrid Sheldon was only eight years older than me. I was therefore tempted by an invitation to go and work at Guy's Hospital, where I would have an office and a desk and a telephone, and the promise of a secretary. What was more, the medical school would pay my salary. My income from by first three months in practice had been three guineas. The war saved me financially, as I got £650 a year in the Emergency Medical Service.

After I left Wilfrid Sheldon went on without an assistant for 18 months until the Governors appointed Dr Mary Wilmers a week or two before the National Health Service came into being in 1948, so she ushered in the new era.

Since then the department has gone from strength to strength, and the face of paediatrics has changed for the better. Sydenham's chorea inexplicably disappeared in 1939, as Wilfrid Sheldon was the first to point out in a letter to the *Lancet*. Sulphonamides, and later penicillin, were probably responsible for reducing the incidence of rheumatic fever. Post-streptococcal nephritis disappeared later, but it was already attenuated except where the original New York strain persisted, as it did in Romania. Streptococcal cross infection in hospitals gave way to staphylococcal, and then *Pseudomonas* spp came in. The 'acute mastoid', so much feared, was not seen after the early 1940s.

Tuberculosis in children was meliorated by better living conditions, and later by BCG vaccination, but it was more accurate diagnosis and treatment with streptomycin for adults that wiped it out in many communities.

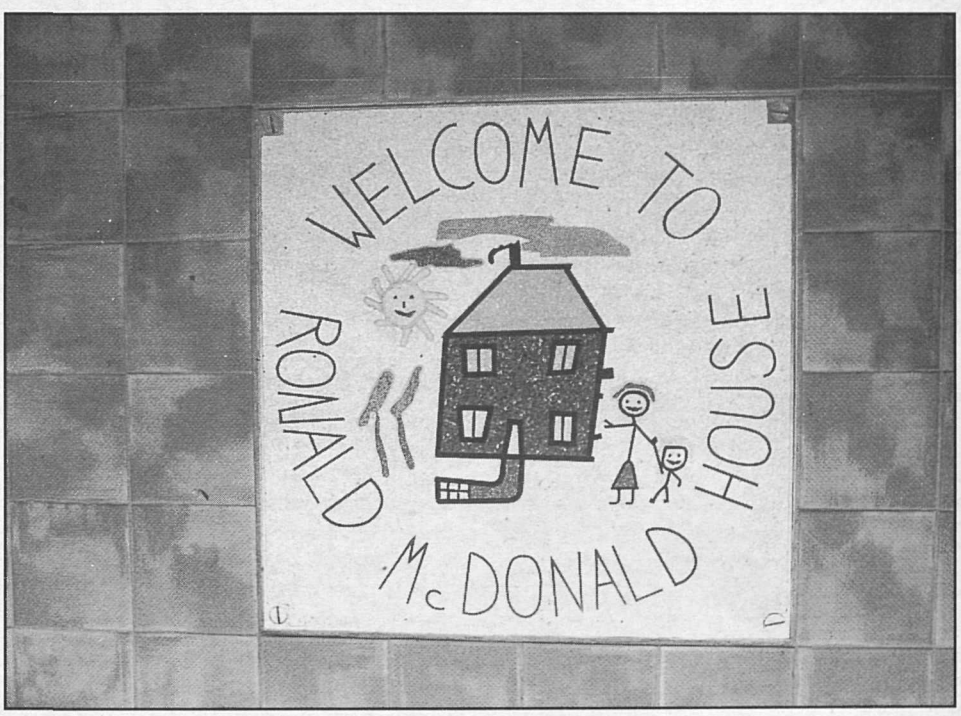
This reduction in the incidence of infectious diseases freed medical attention to concentrate on hitherto intractable diseases such as liver and kidney failure, leukaemia, congenital heart disease, and the problems associated iwth gross prematurity.

Just think—it is 40 years since I saw a baby with congenital syphilis!

This article is based on the address given at King's College Hospital on 1 October 1988 to mark the retirement of Sir Eric Stroud from the Chair of Child Health, and is reproduced with the kind permission of the BMA.

The Ronald McDonald House at Guy's

Tim Plunkett pays a visit



It has been increasingly recognised that many of the emotional problems associated with major illness during childhood are caused by a lack of parental visiting and support in hospital. So, for many years, there has been open visiting for families on the children's wards at the Evelina Children's Department at Guy's. In the past the space and facilities for families were totally inadequate and there was a desperate need for a house close to the hospital where families could live. This requirement has now been met by the completion of the Guy's Ronald McDonald House.

In 1969 three year old Kimberley Hill was diagnosed as having acute lymphatic leukaemia. She was treated at St Christopher's Hospital for Children in Philadelphia and her parents. Fred and Fran Hill, kept a close vigil on their daughter. They slept on a chair in Kimberley's room or on benches in the corridor and depended on vending machines for food. Fred Hill, who played American football for the Philadelphia Eagles, asked his team mates for help in raising funds to establish a place for parents to stay while their sick child was being treated in hospital. Amongst the first to pledge their support were the owners of McDonalds Restaurant chain. The first Ronald McDonald House was opened in Philadelphia in 1974. There are now more than one hundred and thirty such houses scattered throughout the United States, Canada, Australia, Japan and Europe, and in every location they serve the same purpose—keeping families together when a child is in hospital.

Guy's Hospital is an ideal location for the first Ronald McDonald House in the United Kingdom because as well as providing services for local children, The Evelina Children's Department treats children from all over the country in its specialist Cardiac, renal and neurological units. In fact the Guy's Children's Kidney Unit provides the second largest service in Europe for children with renal failure, and the Heart Unit performs more than two hundred operations each year.

The Ronald McDonald Houses provide a home away from home for families of children suffering from serious illness. They are all situated near to hospitals, making visiting easy for families that would otherwise have to commute, stay in hotels or sleep on the wards themselves. It is also possible for the patients to stay at the Houses, with their parents, while attending the hospital on an out-patient basis for treatment or assessment.

I visited the Guy's Ronald McDonald House on a sultry afternoon in August. Inside, the house was pleasantly cool and the din from the Phase III construction site, which had been deafening on the street, was now barely audible. There was a calm, relaxing atmosphere which was vastly different from the noise and activity of the paediatric wards.

The House can accommodate fifteen families, each in their own bedroom. There is a large, well equipped kitchen so that parents can buy and prepare their own meals. There are several spacious, attractive sitting rooms, a playroom for younger members of the family and a small garden. It is easy to

understand how families with ill children would benefit from staying at Ronald McDonald House. It creates a comfortable, welcoming environment close to the hospital, and allows parents to relax and rest in privacy or talk with other families sharing a common experience.

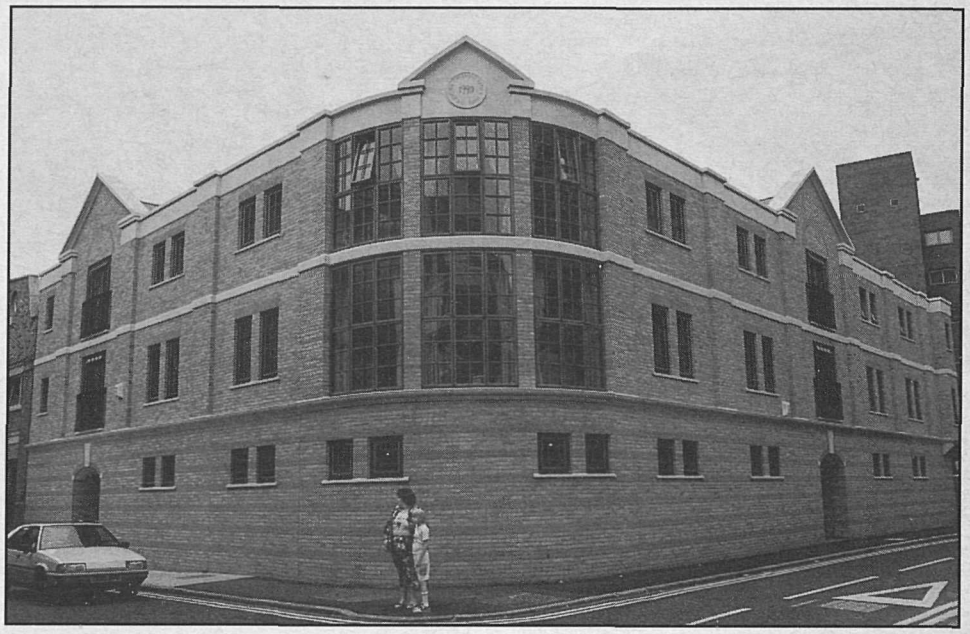
The first families from Guy's moved to the Ronald McDonald House on 11 June this year, and it is proving to be a great asset. Sue Foster, for example, had slept very little on the ward, and earlier at the Maudsley Hospital her room had been burgled. In Ronald McDonald she felt safe and was able to sleep well. Her son, Darren, enjoyed the House too, and stayed with her whenever he was well enough.

Another mother, Kathryn McDonald, said that the House was a 'godsend' because it felt like a home and enabled her to be with her husband and family at weekends. She also took the opportunity to talk with other parents in the House, and enjoyed being able to cook her own meals.

'. . . it creates a comfortable, welcoming environment close to the hospital, and allows parents to relax . . .'

The Ronald McDonald House is clearly a great benefit to families of sick children at Guy's. The money for the construction of the House was raised by the Evelina Children's Family Trust, a charitable orgnisation that seeks donations from companies and from private individuals. However, money is still needed. Although the House is now furnished the operational costs are enormous, and more than three quarters of a million pounds is required to set up a trust fund to secure the future of Ronald McDonald House.

It would be a tragedy if the Ronald McDonald House at Guy's were to ever close for the sake of money. For more information or to donate money, write to The Appeal Manager, Ronald McDonald House, 115–122 Snowsfields, London SE1.



Above: Ronald McDonald House

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The Doodlebug Era

Wartime Memories of Dr Donald Paine

I entered Guy's in 1940. I had originally been accepted at the Royal College of Veterinary Surgeons but one day I was clapped on the shoulder and told by Dr Shutt my sixth form science teacher that I was to go for an interview with Dr Evans, the Dean at Guy's. 'There's going to be a war and we'll need doctors' Dr Shutt said.

I boarded the 'Puffing-Billy' at East Croydon one beautiful day in the Summer of 1940, with my friend John Fry. I'm sure he too can remember the names of all those quaint little stations on the Upper Warlingham line.

The only other occupant of the carriage was John Stockley, who was engrossed in reading the largest textbook I had ever seen. He soon introduced himself and suggested we help him out by questioning him on the relations of the brachial plexus as displayed in *Gray's Anatomy*. This was our first shock. Were our brains expected to retain all this? And perfectly too?

We eventually reached our destination at the lovely Sherwood Park location of the evacuated anatomy school and I was paired off with Mike Blunt for dissection. This pleasant acquaintance we recently renewed in Washington and at his fine home in Bath. Judging by the standard of our cadaver work I never thought he would distinguish himself so greatly as Professor of Anatomy in Sydney and other places!

Our first viva, on the axilla, took place under the dissecting table due to very intrusive enemy activity above. Wally Fox conducted it and had the gall to fail all four supplicants on account of the late Stanley Balfour-Lynn's temporary lapse of memory. (He, also, became an anatomy tyro at the RCS). Several of the large number of enemy aeroplanes shot down fell locally, together with some of ours. One account described a Polish Spitfire pilot with a broken ankle, who was in tears because he could not fly another fighter. He had been shot down three times that day.

Later in the war I returned to my parents' home in Selsdon during a 'nuisance' raid. Walking from the station there were several houses burning. In one lived the family of Dr Northcote, they had been previous neighbours. I entered to do what I could, only to find that the seven year old Michael was the attic with a bucket of sand attempting to extinguish a fiercely burning incendiary caught in the angle of the roof edge. We managed to douse it. Thank God it was not one of those awful explosive phosphorus types we subsequently encountered.

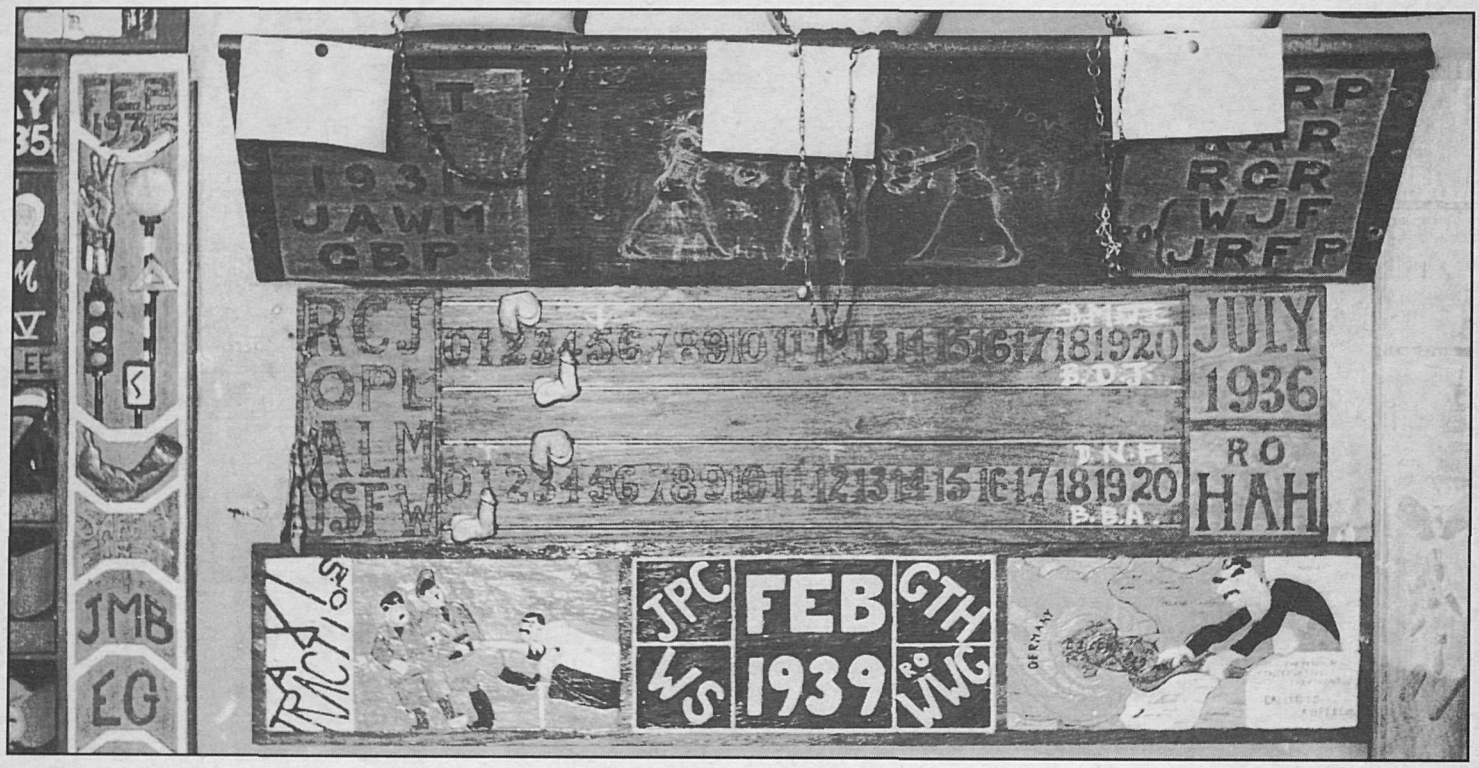
The only delivery on the District that I can remember was, to me, a major event. The midwife and I cycled to a tenement to attend a grand multip. The midwife promptly stated that there would be no delivery for some hours and that she was returning to Guy's but that I should stay. Who was I to argue? After feeding a small boy a large doorstep of bread and jam, which effectively cleaned his grimy hands, I heard the sirens begin to wail. In about ten minutes 'Jerry' dropped a stick of bombs which straddled the block of flats. You may guess what happened to the slow labour! When the midwife returned she was a mite surprised to find everything 'ticketyboo', as the Aussies say, with a live boy (named Donald), mother eating the remains of her supper and me with a smug smile on my face.

My most intense memories of that war pertain to the flying bomb period as my senior dresser take-in coincided with its onset. This had a profund effect on my career, and started me on a lifetime of surgery.

At first we did not know what was happening. Bombs were landing but no aeroplanes could be seen. A trip to the roof revealed, in that magnificent dawn, a view across South London in which, at one moment I could count seven bombs in the air at one time, all to fall with devastating carnage on innocent civilians.

It was not long before the entire casualty and outpatients block was jammed with terrible injuries, many people dead or dying. Most patients seemed to be totally covered with blood, plaster and brick-dust. I saw one man standing quietly waiting his turn with a jacket slung over his shoulders. We found eventually that one arm had been blown off. Someone asked me to get some more blankets and suggested there might be some in ENT outpatients. I went in and found thirty corpses covered with blankets. The first one from which I attempted to remove the blanket had no head. I gave up the search.

The organisation at Guy's was, in retrospect, superb. Everyone seemed to fit instinctively into a useful place, in sharp contrast to the 'disaster practices' I have encountered in subsequent years. After triage the casualties were sent for resuscitation, x-ray, or surgery as indicated. Meanwhile, we students were assigned to duties with the walking-wounded. I found myself at one time suturing a large scalp laceration, attended by an efficient quiet nurse in a strange dark green uniform. I suddenly realised this was Emily McManus the Sector Matron. (She would probably have had a much more bureaucratic title today.)



I was assigned to a theatre team as assistant to F R Kilpatrick, known to all as 'Kilp', and there began one of the indelible memories of my life. Hour after hour we repaired a seemingly endless flow of cases. Ghastly wounds filled with debris, the danger of gas gangrene always in mind, intra-cerebral bleeding, facial destruction and many other horrific lesions. If the patient did not make it to or past the induction, another was immediately brought in to theatre. I think Abie Shein was the anaesthetist. We worked in a theatre improvised in the cellars with four tables. Each table had its team and line-up of waiting stretchers. We could still hear the bombs exploding outside and could not help wondering how many more casualties would arrive. I do not know how many hours we worked, we did not count but eventually Kilp asked me 'Do you feel alright?' 'yes' I replied, truthfully, but he must have noticed something, for a few minutes later I passed out. [Kilp had very sharp observation. In later years he never failed to spot me at the back of his crowded theatre on my rare visits from Canada.] I awoke some time later on a mattress in a dark cellar beneath Guy's and found myself covered with repulsive insects—probably cockroaches.

Later I joined in stretcher duty taking cases to theatre. An elderly gentleman was my partner. They told me he was a Professor from Oxford. Was he the famous philosopher Professor Wittgenstein?

My turn on take-in was at an end, as was all teaching. The question was what to do. I did not have long to wait before I received a note to see Mr Winston, Secretary of the Medical School. He asked me to go down to the Princess Alice Memorial Hospital in Eastbourne, where flying bombs were being shot down and where more staff were desperately needed. Of course I jumped at the chance and promptly applied to take the LMSSA as I was not due to take the MB Finals until next year. There was a chap there from Kings' called David Poirier and we gained enormous experience which I can confirm is the fastest of all tutors. Admiral Gordon-Taylor, complete with gorgeous entourage, arrived one day just as we were dealing with about thirty freshly wounded air crew from the daylight raid on Renault in Paris. I was struggling to get a drip started on a man with a shrapnel wound from hip to hip which had obviously wrecked both bladder and rectum. He asked if I had passed a catheter. I replied, somewhat testily, 'Would you rather I passed a catheter on a dead man or put up blood first?' 'Quite right my boy' he said, 'these cases need blood'. Mike Blunt joined me at Eastbourne when Poirier left. It seems strange but we all loved our experiences and enjoyed every minute of it.

Medicine was a wonderful profession. We earned four pounds a week. My goodness how the politicians and lawyers have fouled it up!

There are many stories of this time I am sure. I well remember A R Cini recounting how, when sent to Stoke-on-Trent, he was forced by circumstances to do a caesarean section, alone, never having seen one before. With the aid of a nurse reading instructions from that inestimable book 'Emergency Surgery' by Hamilton Bailey, he managed to deliver a live baby from a healthy mother. Dedication and ingenuity makes 'quality assurance' so much poppycock I sometimes think.

I hope there are others who can tell their stories of those days.

The Rothschild Man

An interview with Prof Haycock

From 1 October, the grandly titled Ferdinand James de Rothschild Chair of Paediatrics in the University of London will be held at Guy's by Dr George Haycock, who is currently a consultant paediatric nephrologist in the department of paediatrics. His appointment follows the retirement of Professor Roger Robinson.

Professor Haycock will be taking up his new post at a time of great change in the UMDS division of paediatrics. With the retirement at St Thomas's of Professor J Scopes, an opportunity has arisen to restructure the division. Professor Haycock will be based at Guy's, but will have responsibility for developing research and teaching on both campuses, and will have overall responsibility for paediatrics within UMDS. At the same time a new chair in neonatology has been created, to be based at St Thomas's, and Professor Tony Milner, from Nottingham University, will be its first holder.

Resources for teaching and research in paediatrics will be boosted by the creation at Lewisham hospital of a paediatric unit, which will replace the facilities currently offered by the ageing Sydenham Children's Hospital. This project has recently been rescued by Guy's Special Trustees, who stepped in with a loan to the regional health authority when falling capital values had threatened the funding of the new unit. With about 100 paediatric beds, Lewisham Hospital will then be able to offer plenty of clinical experience to students from UMDS, of a kind which, it is hoped, will more accurately reflect the general run of paediatric cases than the rather specialised selection on offer at Guy's.

I asked Professor Haycock what changes he envisaged in undergraduate teaching at Guy's. 'I'll be hoping to integrate the classroom teaching between the campuses. With the number of specialists we have available, it seems silly to have students taught on one campus by a non-specialist when the expert is available on the other campus. Of course it's much more difficult to do the same thing with bedside teaching, but we'll be looking at ways to try to make the best use of the combined expertise available on both campuses. Obviously we'll have a good teaching resource at Lewisham when that becomes available, and we will consider having whole firms based there.'

Students who have been taught by Professor Haycock will know that he revels in the academic side of medicine, and will happily sit for hours with a tutorial group in the Park, enjoying the sunshine and explaining the subtler points of Alport's syndrome or polycystic kidney disease. Isn't the course perhaps too specialised at Guy's, when one considers the sort of paediatric knowledge which the average GP needs?

'I think that the medical course should be about generating enthusiasm and excitement in the students. I think that there is a core body of essential information which you have to know, but beyond that I think that the students should be free to develop their own interests. We should be trying to encourage independent thought in our students. I'd like to see them challenging a lot more of what they're taught, for example. But I don't think that we have to teach them everything they need to know about paediatrics as a GP—the place to do that is as a GP trainee. In that sense general practice is a postgraduate subject just like any of the specialities.

'Planning the teaching in the department will be made much easier by having the assistance of Graham Clayden, the reader in paediatrics at St Thomas's. He's very interested in teaching and has already offered to help in this respect.'

Professor Haycock's research interests are all in the field of paediatric nephrology. He has worked on the developmental aspects of renal physiology; on fluid, eletrolyte and acid-base balance in neonates; on the management of chronic renal failure in children by dialysis and transplantation, and on acute renal failure in children in intensive care. As professor of paediatrics, is he responsible or directing research throughout the department?

'There are four professors and each is responsible for directing and conducting his own research, and each will be able to attract his own funding. I may be able to help some of the researchers within the department, however, for example by arranging advice and assistance for them from other centres outside London, if they happen to be working in a field where

such expertise is not available within UMDS.'

I asked Professor Haycock about his own field, paediatric nephology, and what he thought Guy's strength was in this area. He said that, without doubt, it was a huge advantage to have such a distinguished department of adult renal medicine on the same campus. Why was this?

'To answer that, you have to understand the relationship between adult and paediatric medicine. After the war, paediatrics began to develop as a speciality. Before then, it was accepted that children were looked after by the same physician who would have looked after an adult. After a prolonged effort by a number of early paediatricians, among whom two Guy's men, Ronnie Mackeith and Philip Evans, were very important, the battle was won and it became established that paediatricians should look after children. Now the main difficulty is with chronic diseases—cystic fibrosis, diabetes, chronic renal failure, cerebral palsy—where eventually the child is going to be transferred to an adult unit. To do this it is very important that you have good links between the adult and paediatric units—if you simply drop the child into an adult clinic it can be terribly traumatic. I regret to say that not all physicians are good at dealing with adolescents.

'What we've done at Guy's is to try to maintain close links between the adult and child renal teams. We have weekly meetings, and one of the adult physicians comes on our ward round each week when we review all our patients. In such a large unit we tend to have several foreign visitors each year, and the most consistent comment from them about their experiences at Guy's is that they find the exposure to the mix of adult paediatric renal disease very stimulating.'

Professor Haycock came to London at the age of 22 to begin his clinical studies at St Thomas's, after attending Truro School and Gonville and Caius College, Cambridge. A job as a senior house officer in paediatrics in his native Derbyshire and a spell as a registrar and then senior registrar in Bristol were followed by a two-year visiting fellowship in paediatric nephrology at the Albert Einstein College of Medicine in New York. He returned to Bristol for three years as a consultant, before coming to Guy's in 1979. For the time being he shares an office with his Cambridge contemporary, fellow paediatric nephrologist and now fellow professor, Cyril Chantler. We wish him every success in his new post.

MGS

Guy's Hospital Gazette

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Dental Society Programme (Draft) 1990–91

Thursday 11.10.90	Presidential Address— Prof A H R Rowe	Tower Theatre
Monday 29.10.90	Hypnotism—Mr Martin S Brookes	Tower Theatre
Tuesday 20.11.90	Student Elective Presentations	Anatomy Theatre
Thursday 6.12.90	Cosmetic Dentistry—Mr J G Dewe Matthews	Tower Theatre
Thursday 10.01.91	Forensic Dentistry—Dr B J Sims	Tower Theatre
Thursday 31.01.91	Debate—'Call me Doctor'	Tower Theatre
Saturday 23.02.91	Dental Ball	
Monday 18.02.91	Implants—Prof R B Johns	Tower Theatre
Saturday 2.03.91	Dental Dinner	
Thursday 7.03.91	Student Elective Presentations	Tower Theatre
Tuesday 19.03.91	The New Contract—Mr Norman Whitehouse	Tower Theatre
Tuesday 16.04.91	Orthognathic Surgery—M R Derek Henderson	Tower Theatre
Tuesday 7.05.91	Alcoholism—Dr Marsha Morgan	Tower Theatre
Thursday 23.05.91	AGM—Speaker to be announced	Tower Theatre

Meetings will be held at 5.30 pm preceded by Tea at 5.00 pm. All readers of the Gazette are welcome to attend. (Dental Notes, written by Mr M Maberley, will resume in the October issue—Ed)

New Dentists

The following students qualified BDS University of London in July 1990 and are life members of the United Clubs:

BREEZE, Linda Denise
BROWN, Paul Jeremy
CHAND, Evean Kumar
DENTSKEVICH, Susan
EVANS, Susan Dorothy
GOLAR, Satbir Singh
GOLDMANN, Leah Julia
HOCKEY, Kathryn
IHENACHO, Augustine Okechukwu
KAKARIA, Pawan
KHATRI, Jagruti Shantilal
KOTECHA, Jayash Kumar
LELEAN, Jane Louise
MCKENNA, Serena Mary
MERCHANT, Shabbir
PATEL, Sushma
POATE, Timothy William John
RAHEMTULLA, Fawzia
WILSON, Michael Andrew

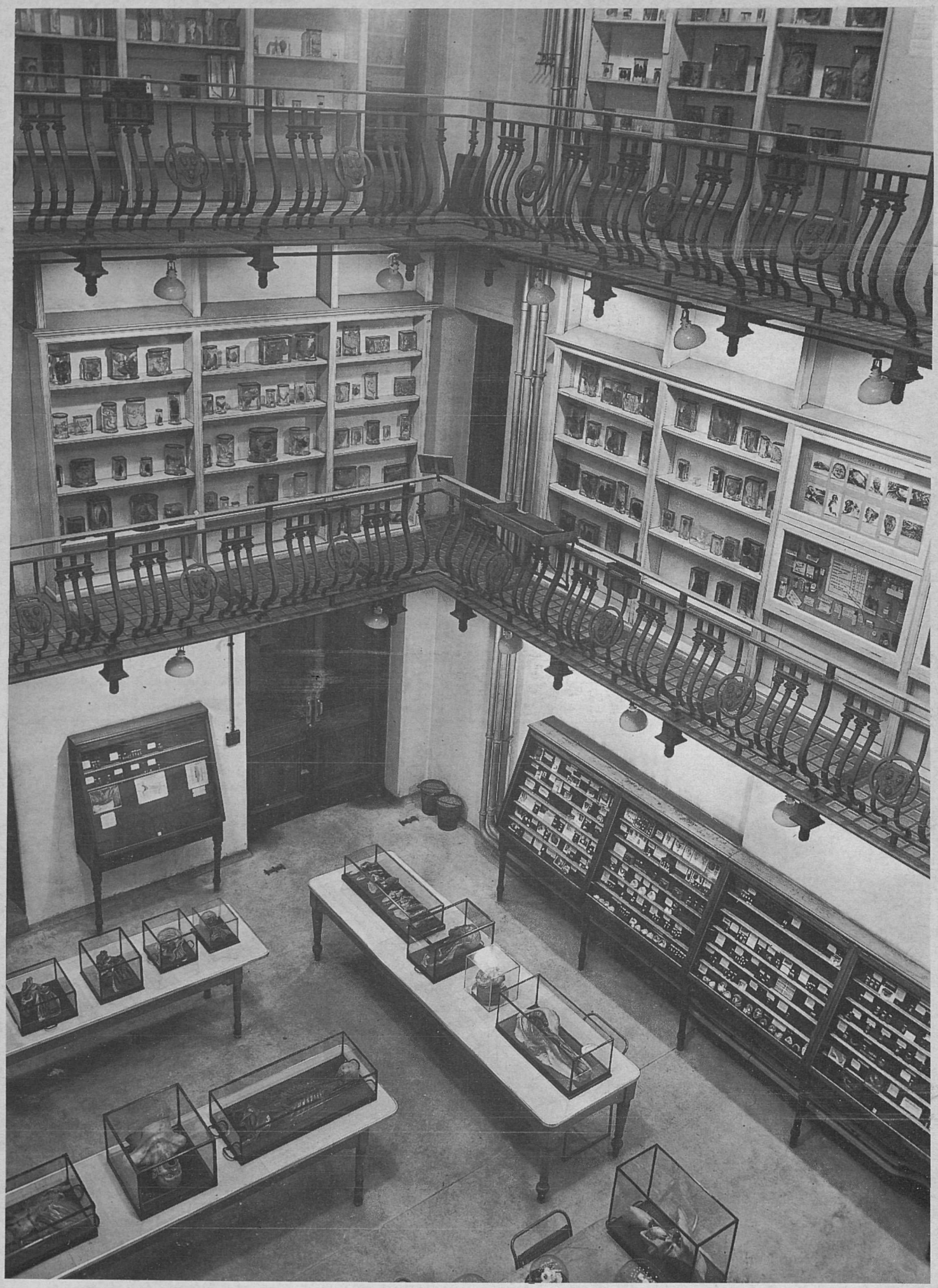
New Doctors

The following students qualified MB BS (London) in June 1990 and are life members of the United Clubs:

ANDREWS, Stephen John
AUGUST, Paul Nordstrom
BAIRD, Alan Robert
BASARAB, Tamara
BEATTIE, David Keith
BISWAS, Gautom
BOHN, Patrica Mary
BORLEY, Neil Roderick
CANNELL, Antonia Geraldine Susan
CHENG, Gerald Cheuk Wai
CHOKSI, Sushmi Mala Desiree
CHOWDHURY, Avneet Singh
CLARK, Helen
CLEARE, Anthony James
DALEY, Helen Mary
DAS, Lisa
DAVIES, Michael Morgan
DE SALIS, Isabel Oriane Clare
ELSON, Elspeth Margaret
FEAZEY, Angela Jane
FORD, Tamsin Jane
FOX, Elizabeth Ellen
FRIMPONG-ANSAH, Kwabena
GAUTAMA, Sanjay
GHOSH, Gunnen Joachim
GILLHAM, Michael James
HARDING, Laura Denise
HERZIG, Hugh John
HOLLIS, Lance Julian
KALSI, Gurmukh Singh
KILLICK, Caroline Jane
KIRKPATRICK, William Niall Alexander
KITIYAKARA, Chagriya
KNIGHT, Esther Rachel
KURBAAN, Arvinder Singh
LATIFI, Samir Qamar
LAUGHTON, Katherine Alice
LEE, Silke
LEES, Christoph Christopher
LORD, Adrian Edward
MALONE, Michael John
MALONEY, Fenella Eunice
MARINO, Anthony
MARSH, James Edward
MEHTA, Dheeraj
MEILAK, Andrew Antonio
MILES, Richard
MILLAR, Stuart William Sinclair
MURRAY, Robert Douglas
NESOM, Beverley Helen
NEW, David Ian
NICHOLS, Elizabeth Anne
PATEL, Manneesh Chandrakant
PATEL, Sanjiv Shashikant
PATEL, Shveta Thakorlal
PEEBLES, Charles Robert
PRADHAN, Monica Vijay
QUICK, David Gordon Chase
RAUZ, Saaeha
RAWAL, Krishna Mark
REID, Suzanne
RICHARDSON, Justin Charles
ROHATGI, Subir
ROSS, Paul Jonathan
SHEERIN, Neil Stephen
SHENTON, Karyn Clare
SIMONS, Adrian William
SOHAIB, Syed Azfer Aslam
SOPHER, Mark
SPRING, Mark William
STEEL, James Roger
TAYLOR, James Christopher
THURSTON, Mark Stuart
TRAVIS, Michael John
VERNON-SMITH, Jillian Wendy
VICKERS, Fiona Marie
WALTERS, Roger Daniel
WARD, Stephen Patrick
WILSON, Heather Christine
WRAIGE, Elizabeth Anne

The following students qualified MB Chir (Cambridge) in June 1990 and are life members of the United Clubs:

BOULD, Michael
BOWMAN, Richard John Craig
HOMEWOOD, Jill Mary
MACKENZIE, Helen
TURNER, Andrea
WONG, Jacqueline Michelle
ZAIDI, Syed Husain Afzal



The Gordon Museum, Guy's Hospital Medical School

The museum is open to students and staff of Guy's Hospital. Permission for others to visit can be obtained from the curator's office (071 955 5000, ext 3037).

TRY OUR SHORT ORAL TEST

1 What has a really comfortable grip?

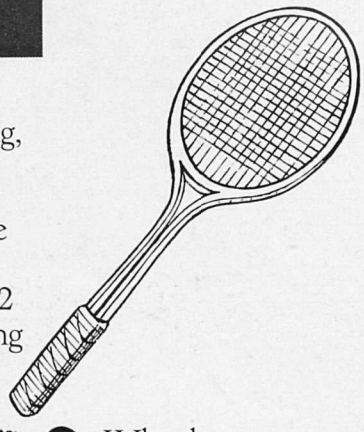
- ☐ (a) The Boston Strangler
- ☐ (b) The Sensodyne Search 4
- ☐ (c) A toothless bulldog.

4 What has a dense brushing surface?

- ☐ (a) The Sensodyne Search 4
- ☐ (b) A dry ski slope
- ☐ (c) A road-sweeper with an IQ of 72.

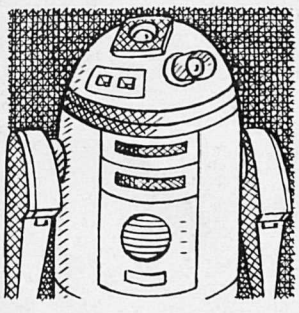
2 What has a long, slim neck?

- ☐ (a) The Sensodyne Search 4
- ☐ (b) A bottle of 1982 Yugoslav Riesling
- ☐ (c) A cygnet.



5 What's head and shoulders above the rest?

- ☐ (a) The Hunchback of Notre Dame
- ☐ (b) A giraffe
- ☐ (c) The Sensodyne Search 4.

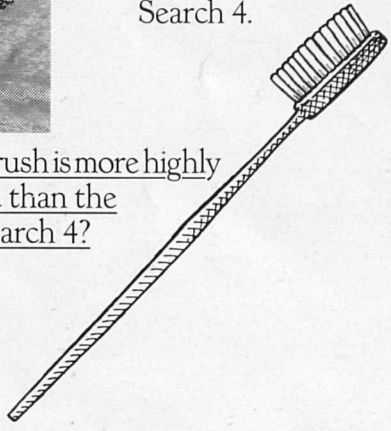


3 What has a compact head with rounded corners?

- ☐ (a) A primary school
- ☐ (b) Just about everybody
- ☐ (c) The Sensodyne Search 4.

6 What toothbrush is more highly recommended than the Sensodyne Search 4?

- ☐ (a) None
- ☐ (b) Zero
- ☐ (c) Zilch.



Congratulations! We suspect you performed superbly. As does the Sensodyne Search 4 toothbrush. And we've got the research to prove it.*

For example, not only is no other toothbrush more highly recommended by the dental profession than the Sensodyne Search 4, but recommendations are on the increase. And more dentists and hygienists actually use the Search 4 themselves.

So, like you, when it comes to oral tests, the Sensodyne Search 4 passes with flying colours.

SENSODYNE SEARCH 4

Now no other toothbrush is more highly recommended

Stafford-Miller Ltd., Broadwater Road, Welwyn Garden City, Herts. AL7 3SP.

*Independent Dental Survey 1988. Data on file Stafford-Miller Ltd.

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Telex: 8955275 MDU G

Manchester

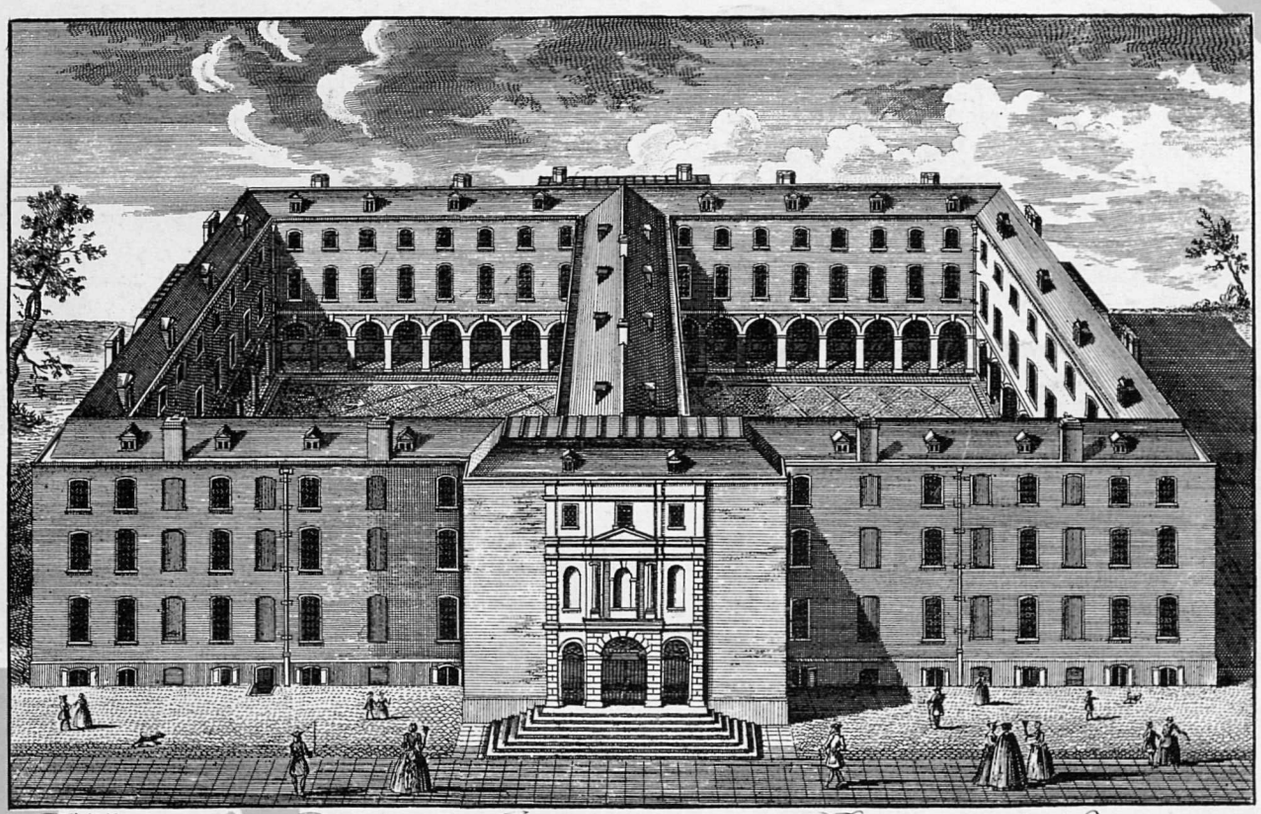
192 Altrincham Road Sharston

Manchester M22 4NZ

Telephone: 061-428 1234

OCT 1990

GUY'S GAZETTE



M^r. Guy's Hospital for Incurables, in the Borough of Southwark
1726

Student Life Style
A report on the excesses

Medical Neurosis
Which one of us is ill?

William Trethowan
The forgotten man of Guy's?

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GUY'S GAZETTE

CONTENTS

149 Passim

150 Letters—Spit closing, Janet James

151 News—Thomas' Sabre rattles

154 UMDS Student Life Style—report on the debauchery

156 Medical Neurosis—You thought you were ill

158 BMA Medical Student Group—Shahid Khan elucidates

160 William Henry Trethowan—the Guy's orthopaedic surgeon

161 Nursing Notes—How intimate?

162 Physiotherapy Notes—Farewell to Jean Jones

164 Dental Notes—Congratulations

165 Sport—Thomas Guy Club, Boat Club Report

169 Classified

Guy's Gazette

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Passim

Firstly, we would like to wholeheartedly welcome the Fresher's to UMDS (prospective students no longer apply to Guy's or St Thomas' separately). They join us soon after the refurbishment of Boland House. The whole of the building excluding the Spit, has been redecorated and it looks immeasurably better. The bar, in the basement of Boland House, has been extended. Unusually decorated with old tennis racquets and hockey sticks, if it were not for the fact that all the beer has run out by six thirty in the evening, one would hardly recognise the place.

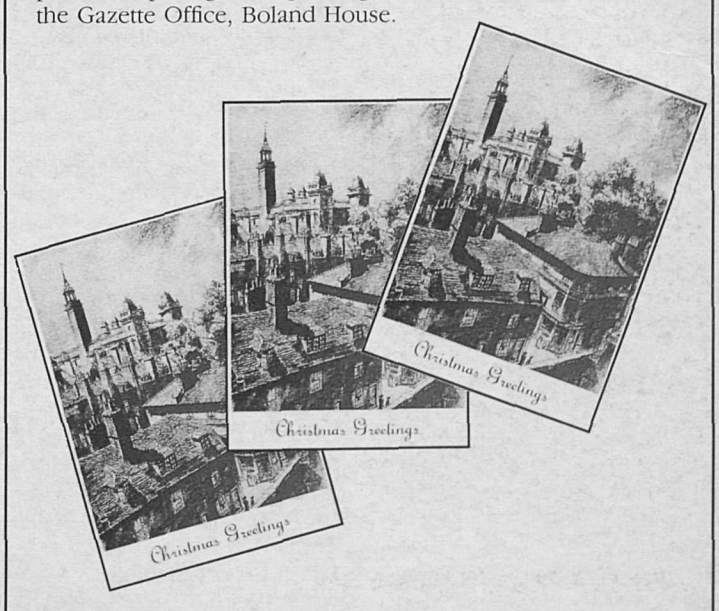
Happily, the *Gazette* Office did not escape the modernisation. We now occupy palatial offices on the first floor and are open between one and five every weekday afternoon. At this point I would like to bang the *Gazette* recruiting drum: the *Gazette* is an entirely student-produced magazine, the oldest hospital magazine in the world, and any students of whatever subject at Guy's are encouraged to help with its production. The *Gazette* has recently acquired a desk-top publishing facility, and any students with experience of such a system are especially welcome. Anyone interested can contact me via the *Gazette* office.

Once again we shall be holding a Christmas raffle. A couple of books of tickets are included with your copy this month. If you would like to take any, please return the stubs to the Gazette Office, Boland House, London SE1 9RT, together with a remittance of 50p per ticket.

Gazette Christmas Cards

Gazette Christmas cards are now available. The first (shown below) portrays the painting 'The Ship and Shovel' by Hanslip Fletcher, which dates from 1912. The second card depicts the Guy's Hospital main gates. Both cards are printed in black and white and measure approximately 5½" by 8½".

The price is 35 pence per card, with a flat charge of 70 pence for postage and packing. Personal callers welcome at the Gazette Office, Boland House.



GAZETTE
LETTERS

Advice for the Advisor

Dear Sir,

An ignominous event recently took place at Guy's which can not pass without criticism. In early September the new final year were invited to a talk given by the postgraduate dean, Dr Brendan Hicks, on the subject of house jobs. This subject is one which causes some understandable confusion and concern. This year the anxiety was greater since for the first time the final year were to be graded in a new way, on a UMDS basis, and could apply for jobs in all the UMDS linked hospitals.

Dr Hicks was most informative and the year was much clarified. Unfortunately his explanation to a justifiably unsure student was interrupted by an outburst from another consultant, we presume also present to aid and inform us on these important changes. She, a 'clinical advisor', with a raised voice accused the student, across the anatomy lecture theatre, of being 'stupid' and 'a waste of time'. Is this the approach to be taken in a meeting aimed at consultation and clarification?

Could we go on to suggest that such cheap attempts at humiliation do not work, and serve to do no more than to reinforce the, usually untrue, image of an uncaring, disinterested medical hierarchy. Could we go on to remind her that we too are adults, and that communication between ourselves in civilised society rests on a principle of common decency. The year has certainly learnt an important lesson.

Yours faithfully,

A majority of the
final clinical year
Guy's Campus
UMDS

Spit Closing

Dear Mr Pathman,

In reply to your letter regarding opening times and queues at lunch time.

1. The reason for closure during summer recess is that the labour costs to keep the area open far exceed any revenue expectations. Moreover, as there are ample alternative areas on the campus, any inconvenience is minimal.

2. It must be appreciated that operating losses incurred during June, July and August have to be recovered in the winter months. Therefore, unless funds are available from other sources to underwrite the costs of staying open, I must make every effort to economise and closure at 3.00 pm (until the new term) is inevitable.

3. In regard to the second till; we will try to keep this open during peak periods, but again this is subject to the overall economics for running Boland House. You, the customers, want subsidised food—the government want to end subsidies—the hospital is therefore being squeezed at both ends, which means waiting for beds and also waiting for meals.

4. To be more positive, the following changes will take place when the Spit re-opens mid September:

(a) We will be cooking from the Boland House Kitchen.
(b) We will be opening the Upper Spit as a Carvery/ Salad Bar as soon as equipment is delivered. Hopefully this will be before Christmas.

We are presently running at a near £20,000 deficit and the only way to recover this is to attract custom. Hopefully the new services will produce this effect.

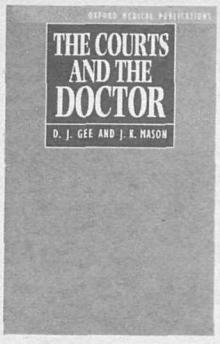
I trust this answers some of your queries, but please do not hesitate to call me to discuss the problems in greater detail, should you wish.

Yours faithfully

K F Wollaston
Commercial Services Manager
Guy's Hospital

NEW FROM OXFORD

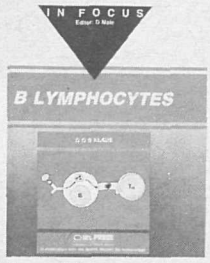
Oxford Textbook of Functional Anatomy
Volume 3: Head and Neck
Pamela MacKinnon and John Morris
Half of the seminars of Volume 3 deal systematically with structural features and movements of the head and neck, and with the upper respiratory and alimentary tracts. The other seminars cover the interior of the skull, the orbit, face and neck, with emphasis on their cranial and autonomic nerve supplies. In combination, Volumes 1, 2, and 3 provide a complete course in anatomy.
0 19 261519 X, 164 pp., illus., paperback, November 1990 £15.00



The Courts and the Doctor
D. J. Gee and J. K. Mason
Traditional forensic medicine has been virtually eliminated from the medical students' curriculum, but doctors may still find themselves required to give evidence in court. This book provides basic information to help the inexperienced witness.
0 19 261967 5, 232 pp., September 1990 £30.00
0 19 261786 9, paperback, September 1990 £14.95

Oxford Handbook of Clinical Surgery
Gregor Robertson McLatchie
The latest in the *Oxford Handbooks* series, this pocket-sized handbook presents a succinct account of current surgical practice, each topic being dealt with on a single page with alternate pages left blank for notes. Practical procedures and operative surgical techniques are included with detailed illustrations.
0 19 261710 9, 896 pp., illus., flexi covers, September 1990 £12.95

The Thymus: In Focus
M. Ritter and N. Crisp
Written by well-respected researchers in the field, this book provides an up-to-date, concise account of the structure and function of the thymus at all stages of development, from foetus to adult.
0 19 963144 1, 80 pp., illus., paperback, IRL Press, November 1990 £6.50



B Lymphocytes: In Focus
G. G. B. Klaus
This book presents a timely review of our current knowledge of the cellular and molecular biology of B lymphocytes, following the rapid progress in this area.
0 19 963191 3, 82 pp., illus., paperback, IRL Press, July 1990 £6.50

The New Genetics and Clinical Practice
NEW EDITION
Third Edition
D. J. Weatherall, FRS
The New Genetics and Clinical Practice is designed to introduce the reader to the rapidly moving field of molecular biology. In the new edition of this popular and acclaimed book, the author has completely rewritten the text to reflect the latest developments in molecular biology and related technologies.
0 19 261905 5, 400 pp., illus., paperback, October 1990 £15.00

OXFORD UNIVERSITY PRESS

Gazette format

Dear Sir,

I would be interested to hear what proportion of readers really disapproves of the large magazine.

The improved illustrations & legibility are important to the increasing numbers of geriatric readers. Some of us only keep going when armed with a ½ bottle in one pocket and a copy of Playboy in the other; these need to be discreetly wrapped in A4 Gazette!

My advice is to stand firm.

Yours faithfully

Peter J Hill
47 Montagu Mansions
London W1H 1LH

Rugby Memories

Dear Sir,

I have just read the recent issue of the Gazette and would comment as follows re South Africans in the famous Guy's rugby teams of the 1920's. The article states that some of these S Africans later became South African internationals, i.e., Springboks, but this is certainly incorrect. Only one of them became a Springbok, namely the famous and legendary Pierie Albertyn. I lived in S Africa in the 1920's and well recall that P K, Albertyn, captain of the Guys 1922 XV, returned to S Africa in 1923 after qualifying in dentistry. The British Lions toured S Africa in 1924 and Albertyn captained S Africa in all four test matches. Of the tests Africa won 3 and drew one. The Lions were captained by R Cove-Smith of Kings College, London, so he and PK were old friends and rivals. Of the S Africans in the Guy's sides of the 1920's some played in S African provincial sides either before, or after, coming to Guy's but, I repeat that the only one who became a Springbok was Albertyn. Your readers may be interested to know that in that Lions tour there were 4 test matches of which 3 were won by the Boks and one was drawn. After the tour, Cove-Smith wrote that in all positions on the field the Lions met the Boks on equal terms but with one exception, namely P K Albertyn—'to him we had no answer'. The Lions side contained many famous British players, some of whose names I recall, Tom Voyce (E), Arthur Blakiston (E), Whitley (E), A T S Young (E), Herbert Waddel and A Wallace (S), Drysdale and Kinner (S), Rowe-Harding, E Davies and Marsden Jones all of (W), Roche and Cunningham of (I). There was, however, nobody who could catch Albertyn.

Yours faithfully

R Drummond
9 Leven Close
Lakeside
Cardiff

Miss Janet James

Sir,

Your June edition of Guy's Gazette contained the address made at the funeral on the 19th April 1990 of Miss Janet May James. This referred to her distinguished career in nursing and her service on the wards at Guy's after she had officially retired.

I thought your readers would like to know of the very real generous financial support she gave to the Hospital during the past 20 years in addition to the practical service she rendered to the patients.

As long ago as 1971 she made a significant donation which, in the following year, was converted into the Janet James Trust Fund. The income was available for research in the fields of rheumatology, rehabilitation and diabetes. Subsequently she made further grants and in the 1980s gave the Special Trustees her house, which was sold for a very large sum to increase the money available in the Trust Fund.

Finally, we have heard through her Executors that she has again remembered the Hospital in her Will.

Miss James was a dear and generous friend of the Hospital, and the Special Trustees are privileged to continue the good she always had in mind for the Hospital and its patients during her life.

Yours faithfully

P Le Fleming
Clerk to the Special Trustees
Guy's Hosptial

Physician of the Year

The honour of Family Physician of the Year was recently conferred on Dr H 'Curly' Still by the College of Family Physicians of Canada.

Dr Still qualified at Guy's in 1943 and, after service in the Royal Navy, spent a year as a registrar to Sir John Conybeare. During his time in the Navy Dr Still had visited Halifax, Nova Scotia and in 1947 emigrated there. He has lived and practised there as a family physician ever since then. 'Curly' Still was a founding member of the College of Family Physicians of Canada in 1954 and in 1971 passed the College's examination to become a Certificant in Family Medicine. He has served on Dalhousie University's medical faculty as a teacher of family medicine since 1970 and is now Professor Emeritus in Family Medicine.

Curly, and his wife, Helen, have two daughters who are doctors and a son who teaches adult education. Despite his 72 years, and the fact that one leg was amputated for osteogenic sarcoma 12 years ago, Curly is as cheerful and vigorous as ever. He was a pioneer in teaching human sexuality and continues to share a counselling practice with another doctor.

Phase III

The work, dust and noise continues with crescendo. However the end is coming into view. Foundations are being laid and soon the large hole is to be filled and construction should move upward. This should lead to a reduction in confusion, dust and the incessant drilling and hammering.

Thomas's Sabre Rattles!

St Thomas's financial mess is well known. For example, a maternity ward under the clinical directorship of Royal obstetrician Anthony Kenney has only two nurses per shift to care for 50 mothers and their newborn babes. There is also a fast growing backlog of 1,500 cervical smear tests.

A consultant, who did not wish to be named said in an *'Evening Standard'* interview, 'I do believe there are unfavoured hospitals in London and we're one of them. There's a feeling abroad in Thomas's that King's and Guy's get bailed out before us.' Another leading consultant, in the same article, said 'I would like to see what Guy's is getting. I believe Lewisham and North Southwark health districts are receiving substantial amounts of transitional funding, but we're not getting any . . .'

UMDS Principal, Professor Ian Cameron, interviewed by the *Guy's Gazette* for their February 1990 issue, warned of problems which the traditionally rival hospitals might suffer in the face of 'White Paper' changes or financial difficulties, and how this would have implications for UMDS and student education. The concern is clear: if these are the views at a time of pre-Opt-Out relative financial stability, what will be the effect of the more volatile internal market—more sabre-rattling or will the gloves come off?

Opt-Out First Wave

NHS organisations from all over the country are represented in the pioneering 1st wave Opt-Out, SETRHA provides many Shock Troops—Guy's, Lewisham, Bromley Acute Services, Bromley Priority Services, Brighton Acute Services, and St Thomas's will all be there.

GAZETTE NEWS

Health MP Guy's Visit

Harriet Harman MP, the Labour spokesperson for health and old scourge of Guy's Rag (Charities) Week visited the Hospital recently. She found out that Health Minister Kenneth Clarke's claims about pre-Opt-Out consultation were a sham.

He had alleged that the government would consult local people before allowing Opt-Out's to go ahead. SETRHA had announced that there would be a 3-month consultation period from August 12. However, after talks with patients, hospital staff and consultants, she showed that talks had not even begun yet. Ms. Harman said that the contradiction was the result of government 'bribery and blackmail'.

GP Chop-Change Seized

Moves making it easier to change family doctors are prompting many to do so, according to surveys from across the country, David Taylor from Southwark, Lewisham and Lambeth, said that increased movements are also happening in our area. He said that, 'not having to tell your doctor that you no longer want him relieves embarrassment . . . and, it looks as though this is leading to increased patient care which should improve health care'.

Romania Health Volunteers

Volunteer nurses are being sought to work in hard-pressed Romanian orphanages. Graham Horsnell, a director at SETRHA, has been to Romania as a volunteer, and is now recruiting nurses to support desperate orphanage staff. Interested people should contact Mr Horsnell on 042 482 410 or 0424 730073.

Air Ambulance

SETRHA's air ambulance, according to an evaluation report has been 'a major factor' in saving lives. During its first 6 months, 381 missions were flown, including 51 incidents on motorways. Average take off time after an emergency call was 6 minutes, followed by arrival on the scene within 12 minutes. The mean transfer time to hospital was then 16 minutes, a quarter as long as that required by a road ambulance.

Nevertheless, the air ambulance's survival remains dependent on public donation, with staff never sure of the service's existence on more than a month to month basis. Funding is actively sought.

Anti-Trust Watchdog

Doctors in self governing hospitals have been urged to set up watchdog groups to protect their interests. The advice comes from Professor Harry Keen, until his recent retirement, professor of medicine at Guy's.

He said in an interview with *Hospital Doctor*, 'a professional protection group is the only counterweight in hospitals to a rampant management which might try to push consultants around.

'The people chosen for a hospital trust's board of directors will doubtless be honourable and will intend to do their best. But the situation will change once they start borrowing money from the City, get into debt and face commercial reality. The crunch will come several years ahead.'

Nursing 'Blacklist'

Evidence has emerged suggesting the possibility of a nursing 'blacklist' within SETRHA, where managers are permitted to circulate the names of 'problem' nurses, for example, advising their colleagues to be wary in employing them. Dame Audrey Emerton, regional director of nursing has argued that this practice is sometimes necessary when an individual may be under investigation for misconduct, when the nurse has disappeared after allegedly committing criminal offences, or when they are in need of treatment or support of mental health or other problems.

It has become clear though that this system is secret, and there are no facilities to appeal against such measures, COHSE, the health service union is concerned that such a system is open to exploitation, in addition to showing a worrying lack of confidence in the usual means of checking a nurse's credentials. Pete Marshall, regional secretary of COHSE points out that such a system does not exist in the North West Thames Region.

Euro Med-Student Group

EMSA, European Medical Students Association is actively searching for members and coordinators for UK Medical Schools. The well organised group, based in Brussels, aims to provide a means for pan-European communication, exchanges, and general scientific and personal development. It particularly wants to overcome national barriers and prejudices.

Interested people should contact National Coordinators: Catherine Mallett at St Mary's Hospital Medical School, or Nicola Dean at the Faculty of Medicine of Leeds University.

Car Tax Row

The local health district—Lewisham and North Southwark, is embroiled in a row over who should pay car tax on their lease cars. Users have begun to receive claims from the Inland Revenue for a maximum of three years back tax adding up to £1,000 in some cases.

Reports suggest that when the scheme was launched staff thought that tax was to be paid by the district and vice-versa, and now both sides are digging their heels in. (*ed: what about lease cars for doctors?*)

Lewisham Cash Boost

The faltering plans to relocate Paediatric services from Sydenham Children's Hospital to Lewisham have received fresh momentum with a new cash boost. Guy's Special Trustees are prepared to loan the Regional Health Authority £2.3 million, which will be paid back over a number of years.

The deal will allow a children's ward and outpatient department to be built at Lewisham, and students may benefit from this resource located closer to the UMDS campus.

Nurse Recruitment Apathy

NHS Chief executive Duncan Nichol accused managers of 'tokenism' and a lack of energy or commitment in recruiting nurses to the service. He also called on the NHS to 'address the issue of what has gone wrong in terms of leadership and management in nursing'. The Health Service faces a massive shortage of nurses because of demographic trends.

Ronald McDonald House

This facility, recently completed, and providing badly needed accommodation for the families of sick children at Guy's is busy raising money to establish a trust fund. £750,000 is needed to secure the House's future. Clearly it would be a tragedy if this magnificent resource were to ever close for the sake of cash. For more information, or to donate money, the Appeal Manager can be contacted at the Ronald McDonald House, 115–122 Snowfields, London SE1.

Protection is our middle name!

Founded 1892

The Medical Protection Society

Registered Office: 50 Hallam Street, London W1N 6DE Telephone: 071 637 0541
Northern Regional Office: 30 Park Square, Leeds LS1 2PF Telephone: 0532 442115
Australasian Office: 293 Royal Parade, Parkville, Melbourne, Victoria 3052 Telephone: +61 3 347 3522

UMDS Student Life Style

A Report on the Debauchery

When the health risks associated with smoking became known the medical profession led the way in giving up smoking. There is now a growing public awareness of the importance of healthy eating and safe drinking, but there is little evidence of a similar lead from the medical profession. As Ritson[1] has recently pointed out, many doctors still seem unwilling to take drinking histories and feel unable to help patients change unhealthy drinking habits. Reasons for this may include the doctor's own patterns of drinking and attitudes to alcohol. These may in turn influence their attitudes to research on alcohol consumption and the way in which medical students are taught about alcohol. Ritson[1] argues that as well as receiving more training in alcohol problems medical students should also be encouraged to have an increased awareness of their own drinking habits.

Helping people to change unhealthy life-styles is of growing importance in modern medicine and the students at United Medical and Dental Schools of Guy's and St Thomas's Hospitals (UMDS) are being asked to lead the way in promoting a healthy life-style. They hope to encourage the adoption of good health habits that will persist throughout their medical careers. One of the factors in the decision to initiate a programme to raise student awareness of health were the results of recent surveys indicating that students were no better, and probably worse, than the general population in adopting safe drinking limits.

Table 1: % Dangerous Drinking in Students (assessed by diary) and **Mean units of Alcohol consumed/week**

	% Dangerous		Units drunk	
	Female	Male	Female	Male
Barts medical students[2] (n=260, 74% response rate)	30%	19%	11.4	18.3
UMDS medical students (n=90, 100% response rate)	24%	25.5%	15.9	24.8
Royal Holloway/Bedford[3] (n=270, 68% response rate)	14.5%	25.6%	10.2	24.6
S Bank Polytechnic (n=30, 100% response rate)	11%	21%	5.1	17.9
General Population figures				
Goddard & Ikin[4] (18–24 yrs)	16%	22%	8.0	17.9
Breeze[5] (unmarried 18–24 yrs)	19%		8.1	

Table 1 shows data from recent surveys of student drinking habits (based on retrospective diaries for the previous week), together with figures from surveys of 18–24 year olds in the general population. It shows the percentage of each group drinking at what is defined as dangerous levels of health (more than 21 units for females; more than 35 units for males) and the mean units consumed per week. These figures show that for young women the percentage that are drinking at dangerous levels is higher for medical students than for the general population. The mean units consumed is also high and this figure is not distorted by a few very high drinkers (the median units consumed in our female sample was 13 and in our male sample it was 19). Taking the definitions of safe drinking as less than 14 units per week for females and less than 21 units for males, only 42% of the females and 55% of the males of our student sample were drinking within safe limits. Also, 34% of female students and 19.5% of male students were drinking in the borderline range (14–21 units per week for females and 21–35 units per week for males).

From the figures in Table 1 the percentage of young males drinking at dangerous levels is very similar in all the samples, but we suggest that comparisons between different studies will be limited unless the figures are presented separately for non-Asians. For example, 32% of our non-Asian male students were drinking less than 35 units per week, with a mean of 29.3 units, whereas the mean weekly intake of our Asian male students was 11.8 units. Similar discrepancies were found

in a recent general population survey in Birmingham[6]. For males under 40 the mean weekly consumption by non-Asians was 16.7, whereas it ranged from 0.3 for Muslims to 11.8 for Sikhs. These figures suggest that there is a high rate of heavy drinking among young non-Asian males and that this risk is not reduced in medical students.

The figures from the St Bartholomew's Hospital survey indicate that patterns of dangerous drinking are present amongst a sizeable section of medical students. In the Royal Holloway and Bedford study, high levels of consumption in students were positively and independently linked with vandalism and physical assaults[2] and thus there can be serious consequences of heavy drinking during the student period. Our own data based on a small sample of students (50% clinical and 50% pre-clinical) were sufficient simply to confirm the trends from other surveys and to suggest that the problem is not restricted to one particular group of students. We are mounting a prospective study at UMDS to determine whether life-style habits change during the student period; whether they differ among different groups of students; and whether they persist into subsequent careers.

There is already a low incidence of smoking among medical students and at UMDS the student body is the first to tackle the broader health issues of exercise, diet and safe drinking. It is actively concerned to promote a healthy life-style and we will be assessing whether there is a change in attitudes and behaviour. If there is, the doctors of the future could well be leading the way in adopting safe drinking habits which would reduce the incidence of alcohol-related disorders in the medical profession.

Sandra File, DSc
Reader in Psychopharmacology

Joe Shaffer, BSc
Clinical medical student

Rashmi Sharma, BSc
Clinical medical student

References

1. Ritson, E B. Teaching medical students about alcohol. *Br Med J* 1990 **301**: 134–135
2. Collier, D J, Beales, I L P. Drinking among medical students: a questionnaire survey, *Br Med J* 1989; **299**: 19–22
3. West, R, Drummond, C, Eames, K. Alcohol consumption, problem drinking and anti-social behaviour in a sample of college students. *Br J Addiction* 1990; **85**, 479–486
4. Goddard, I, Ikin, C. Drinking in England & Wales in 1987. HMSO 1988, London
5. Breeze, E. Women and drinking. HMSO 1985, London
6. Cochrane, R, Bal S. The drinking habits of Sikh, Hindu, Muslim and white men in the west midlands: a community survey. *Br J Addiction* 1990; **85**, 759–769

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Medical Neurosis

You thought you were ill

In 'Three Men In a Boat', Jerome K Jerome describes browsing through a medical dictionary, and imagining that he has every disease in its most virulent form. I'm not quite as paranoid as that—I merely imagine I have the disease. This week, for instance, I've had: meningitis; congenital dislocation of the hip (not recognised at birth); hydronephrosis; and psoriasis. What to most people is a pimple is to me the first cutaneous manifestation, the gateway if you will, to an overwhelming systemic illness.

What particularly impresses me about this is the rather charming lack of objectivity which I consistently show.

I am in an exam and required to answer the following question: 'A 22 year old male comes into casualty complaining of a 3 day history of constipation. You are the casualty officer. Discuss your management.' My reply would not be the advice which I myself would take. I would advise him to find the largest medical textbook he could lay his hands on, look up 'constipation', blush furiously as he realises how serious it can be, put his affairs in a final order, and lie awake at night wondering how to break the news to family and friends.

Would a normal person not nip down to the local chemist and ask for a box of ex-lax with the same blushing face he would wear if he were buying a packet of fifty sharp-shooter condoms?

I wake up. The red digits of my alarm clock tell me it is 4.17 am, and I have barely left the scene of my dream (some nonsense or other involving an American football team and a pterydactyl—no doubt the staple diet of a psychiatrist's outpatients). My right arm is dead. I pull it up from behind my head with my left hand and it drops heavily onto the mattress. A stroke? It fizzes as though it rests in a tub full of lemonade. MS? My heart pounds so that its paranoid thumps are transmitted along the mattress into my twitching ear. Slowly, playfully, my fingers begin to move under my conscious control, and I drift back into an embarrassed sleep. And again: 5.05 am, and my aching bladder gives me no respite. I dare not take the chance—an insidious dream in which I slide into a warm swimming pool could provide some significant laundry problems. I stagger from underneath the warmth of my duvet, squinting like a newborn guinea pig as I snap the light on, and lumber towards the bathroom. I stand, poised over the bowl, eyes closing, lids heavy with fatigue, anticipating the stream that will leave me so deliciously empty and full of sleep. And yet, yet there is no stream. Oh! My poor enlarged prostate! Only 22 and I have prostatism. Could anyone be more miserable than me?

'. . . It fizzes as though it rests in a tub full of lemonade . . . my heart pounds . . .'

Rattling in to Guy's on the tube, I have my comfortable floor space, which accommodates precisely two size 8 Dr Marten shoes to which, in turn, I am attached. My newspaper is held resolutely in front of me and it becomes rippled yet again by the sharply coughed air of the man who has been reading it over my shoulder since Camden Town. I turn to glare. I can feel the bacteria and viruses multiplying in the warm, moist air. I blow out with a maniac's fervour to avoid inhaling the pathogens into my welcoming lungs.

The slack-jawed teenager in short denim skirt (where can she be going in the rush hour?) has managed to bag a seat. On her ankle, I notice a lesion, which is no doubt infected, certainly with gas gangrene, and probably tetanus. It will have to come off—her leg will have to go. Perhaps I should tell her. Maybe she knows. Maybe she's on her way to Guy's as well. Oh, my twisted mind. Will it not rest?

My eyes now darting to the huffing, puffing, corpulent business man who is about to have a heart attack not 2 paces from where I am wedged. What do I do? ABC. Erm, 'A' . . . Alport's syndrome. No. Panic. Blank. The Sun . . . 'Mad medic muffs top tycoon's ticker'. I'm ruined, finished, washed-up. A sparkling career has ended. So young, so young.

I snap out of my reverie. With slit-eyed determination I resolve to succumb to the paranoias of medical students, yet aware that it is already too late to return to my original blissful ignorance.

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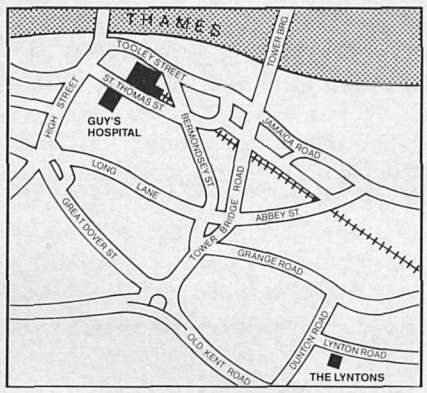

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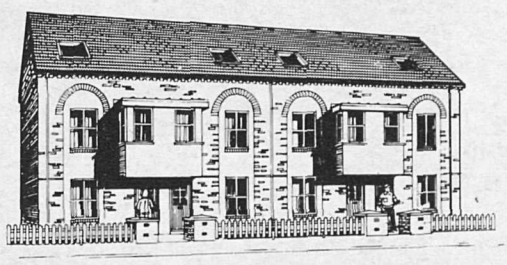

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The BMA Medical Student's Group Committee

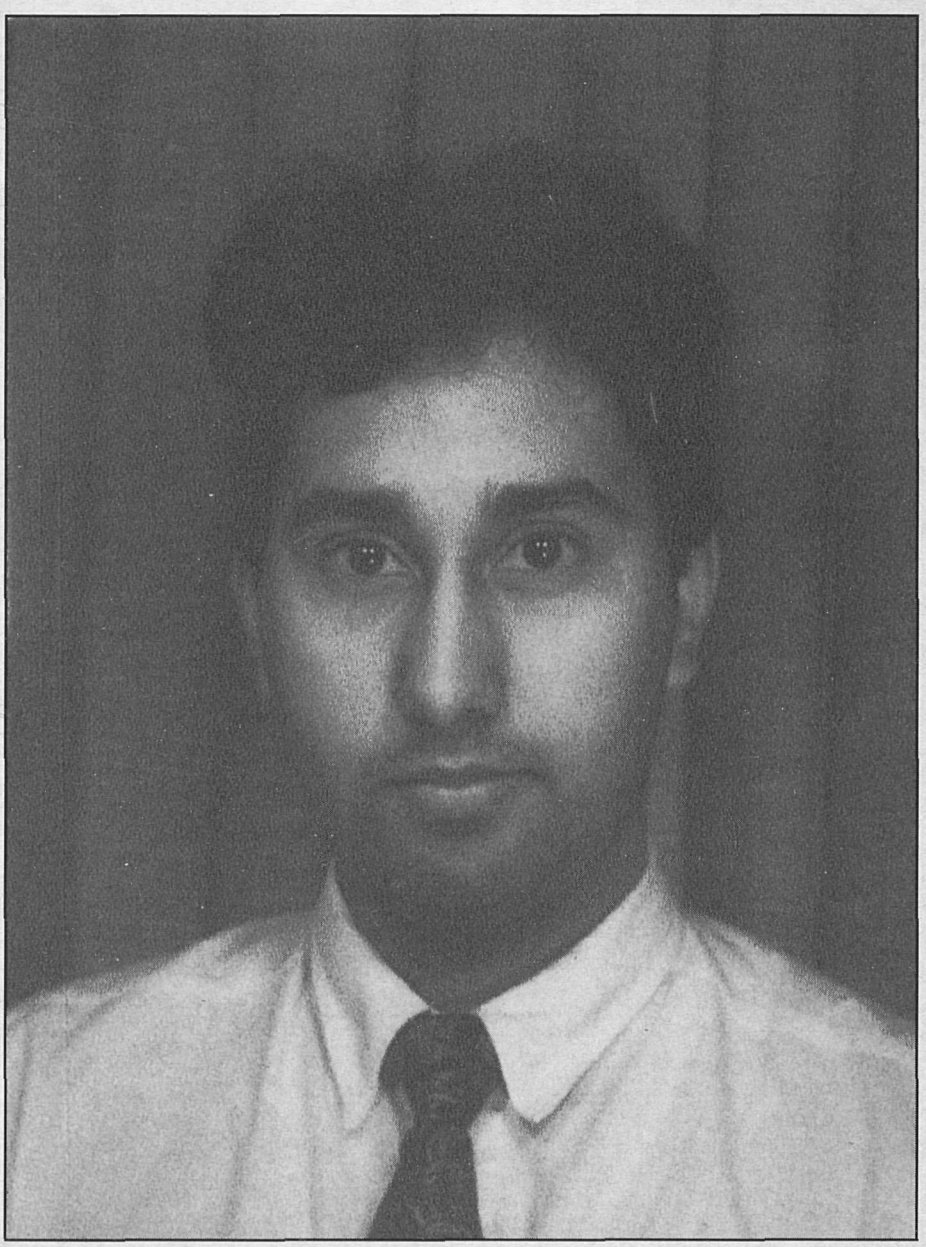
Shahid Khan elucidates

The BMA was set up in 1832 'to promote the medical and allied sciences and for the maintenance of the honour and interests of the medical profession'. In 1982, its 150th anniversary year, the BMA gave birth to the 'Associate Members Group' for the BMA's medical student members. A new image of this Group Committee was launched in April of last year, and thus we now have the 'BMA Medical Students Group Committee' or MSGC. It consists of a representative from every UK medical school, meets three times annually at BMA House, reports directly to the Council of the Association and is recognised as the body representing all medical students.

The Group was formed to represent and present the views of medical students, to inter alia, Government departments. It provides a means whereby student members can meet and discuss on matters of common interest amongst themselves, doctors and Government Ministers. From 1988, the MSGC members were allocated a vote on the BMA Council. This gave students a greater role within the BMA and it increased the BMA's awareness of the students and their activities.

Two of the main issues which have dominated the activities of the MSGC over the last academic year are the NHS White Paper, and the Student Loans Bill.

The BMA has long been carrying out a high profile campaign, backed by the MSGC, against many of the proposals of the Government's White Paper 'Working For Patients'. Although the MSGC recognizes the need for reform



and positive changes, it must oppose any fundamental changes in the NHS which fail to guarantee a comprehensive, accessible and fair service funded in the main by general taxation with nationally agreed pay and conditions. The MSGC has also printed out its concerns regarding research and undergraduate education under the reforms.

The MSGC has also actively campaigned against the proposals presented in the White Paper's 'Top Up Loans For Students'. It put forward a strong case for medical students in that they have longer courses and shorter holidays than other students, with specialised expenditure requirements; and over a third of medical school places are in London and the South-East and therefore carry a higher cost of living. Loans may also make students of less financially-advantaged families reconsider a career in medicine.

Without getting involved in demonstrations the MSGC launched a considerable lobby of Parliament. Letters were sent to members of Parliament, and the BMA's Parliamentary Unit assisted in briefing MPs and Peers during the passage of the Bill through the Parliamentary stages.

All this activity resulted in two significant concessions from the Higher Education Minister, Mr Robert Jackson. Firstly, students taking intercalated BSc courses will be eligible to participate in the Loan Scheme. This is a bonus for BSc students who previously received no funding at all. Secondly, the 'extra-weeks allowance' for clinical students will now not be frozen as it is for other grants. Another concession arising from the Committee Stage of the Bill is that students on courses of more than four years will have seven years to repay the loans rather than the standard five.

Nevertheless the Education (Student Loans) Bill survived its passage through Parliament largely intact, and its introduction for students is on course for this academic year. Yet there should be a small increment in the Grant this September for the last time, and the terms of the loans and interest rates are favourable compared with any bank/building society.

The MSGC is also involved in numerous other matters including:— the Governments' proposed changes to Higher Education funding; factors affecting career progress of female doctors; the improvement of careers information to existing and potential medical students; and environmental issues.

The BMA has a comprehensive series of Guidance Notes, all of which are free to student members. Topics covered in the series include Student Grants, House Jobs and the tax system for the newly qualified. Two new publications were inspired by the MSGC. Firstly, 'Electives for Medical Students' gives detailed advice on planning and finding electives, and provides a list of useful addresses for further information. Secondly, 'Medical Careers—A General Guide' provides comprehensive background information on the wide choice of medical careers and current pay rates.

The London Group Committee, a sub-committee of MSGC, has met on several occasions and plans to produce regular newsletters specifically for medical students in London. In the future it hopes to promote inter-hospital sports and social events, with the help of the BMA and North and South Thames regional offices.

The BMA was also represented at the UMDS Freshers Fayre (held at St Thomas's) and in the coming year it is hoped that events appealing to a wide range of students will be organized.

The MSGC is privileged to have access to the considerable resources of the BMA, and we are determined to be best placed to meet the needs of all medical students and to offer them the representation that they need. We were created for this purpose. Please use me well in my year as your rep!

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William Henry Trethowan (1882–1934)

It is surprising that one of the giants of his time and the founder of the Orthopaedic Department as we now know it has left us so little in the way of written work. We have studied some of his letters to the General Practitioners around Guy's and we hope to provide a new insight into the man and his work.

W H Trethowan was born at Cawsand, Cornwall, in 1882, the son of a grocer. His early education was at Devonport High School after which he moved to Plymouth Technical College. He subsequently went to Guy's where he had a brilliant student career, winning the University MB BS Gold Medal. Regular visitors to the Conybeare Club can still discern the wooden engraving of his initials—unlike the majority, his is not obscene!

Trethowan's first appointment was as House Physician to Newton Pitt. He subsequently held jobs in Obstetrics and General Medicine. In view of this wayward beginning there were early doubts about him 'shaping up' as a surgeon, which he soon dispelled. In 1910 he became RSO to Bright Ward which, in retrospect, was a significant development for, it is there that he got involved in 'massage' (physiotherapy as it was known then). His vigorous campaigning secured better premises for the massage department; first in the top floor of Hunt's House and then in Shepherd's House where it has remained since 1921. In 1912, he was appointed as the first Orthopaedic Surgeon to Guy's Hospital—prior to that the speciality was covered by General Surgeons. He lived in a hospital flat in

Treth's one absorbing hobby was music, particularly the organ. He installed in the billiard room of his house at Hampstead a beautiful instrument having about thirty speaking stops and three manuals. He was, of course, intensely interested in the mechanical side of its erection, and it was he who solved the problem as to where to place the thirty-two feet diapasons; they were, as he expressed it, 'hung like pictures' horizontally along the wall. His first action on returning home, even in the small hours, perhaps after operating in the country, was to go to his beloved organ and, as he said, 'fill the house with beautiful music'. No dinner of the British Orthopaedic Association was considered complete until Treth, accompanying himself at the piano, had sung two or three convivial songs in the choruses of which all joined. And many old Guy's men who qualified ten or so years ago will recall the sing-songs at which Treth presided, after he had finished operating at Queen Mary's Hospital, Carshalton.

An excerpt from W H Trethowan's obituary, published in the Guy's Hospital Gazette (1934), Vol XLVII, p378

St Thomas's Street until 1922, when he moved to Hampstead. The RAMC offered him his commission in 1918 and appointments to the Military Hospital, Ducane Road and Queen Mary's Hospital, Carshalton, soon followed.

Surgery at Guys in the early part of the century was dominated by Arbuthnot Lane whom Trethowan admired and learned a great deal from, but he remained an essentially self taught surgeon. His only method of solving a problem was to revert to first principles. His definition of orthopaedic surgery aptly illustrates this: 'The Object of Orthopaedic Surgery is to straighten and make rigid the bone (the lever), to restore the range of movement of the joint (the fulcrum), and to strengthen the muscles (the power)'.

Lambrinudi described his operative technique as 'immaculate' and saw his chief as possessing such remarkable dexterity that he was known as the enemy of the instrument maker. Ironically, the one thing he is remembered for is the ubiquitous 'Trethowan Spike'—to this day present on every Orthopaedic set in the country. He adhered very strictly to the 'No Touch' technique advocated by Lane and preceded the Modern AO movement—'Providing rigid asepsis enforced the fixation must be absolute and rigid'. Bone grafting for ununited fractures was beginning to be performed on the continent and he was the first to embrace the technique in Britain. Struts of bone graft were used to fix fractures of the humerus and the forearm bones, despite the fact that Conservative management of fractures of the radius and ulna was the norm at the time.

In 'Surgery of the Foot' Trethowan challenged all accepted teaching of his time. He fought against bath mat impressions stressing that the management of foot problems was to be direct against symptoms and not shape. A flat foot was not a problem unless it caused symptoms. Arch supports were a corner stone of his treatment for foot ailments: 'Twelve years ago I was the only surgeon using arch supports—a lot of bunkum has been spoken about pressure they cause on the small muscles of the foot'. He described an operation now known as medial basal osteotomy for hallux valgus, and recognised the importance of talo-navicular subluxation in the aetiology of club foot. Performing an osteotomy on the metatarsal neck for metatarsalgia is now known eponymously by another surgeon's name, but was, in fact, first described and practised by Trethowan.

His enthusiasm for foot surgery is best summed up by the way he ended a letter: 'I could speak to you for a month about feet without repeating myself!'

Contributions to other aspects of his speciality were begun by Trethowan; these included the description of what is now known as Trethowan's line for slipped upper femoral epiphyses, the advocacy of early mobilisation for shoulder disorders and the recognition of the pre-ossific phase of myositis ossificans.

Privately and professionally he was a courteous and easy going man who centred his life on Guy's, living in the hospital with his family as late as thirteen years before his death. He frequently attended supper with the surgical dressers and insisted all his juniors called him 'Treth' instead of 'Sir'. He constantly challenged the then accepted teachings. In Ober's words 'he was like a Welsh revivalist savagely attacking old fashioned ways and those who were foolish enough to walk in them'. Never was a man more certain than Trethowan that he was right and his confidence was generally justified.

He died in 1934 at the premature age of 52 after an attack of tonsillitis, whilst on holiday in Stockholm.

How Intimate?

Although, ironically, it was still July (28th to be precise) the August pages of *The Lancet* of that date contained an illuminating editorial on the current state of doctor–nurse working relationships under the head-line 'A suitable case for intimacy'. And very interesting it was too. At one time doctors regarded 'nurses were their handmaidens' it stated. Nearly three years ago I wrote in the pages of this journal: 'doctors will be shocked that their handmaidens are not what they used to be'. When interviewing nurses for posts in this hospital I have often asked whether they see themselves as handmaidens to doctors. The younger the applicant the more shocked and surprised was the expression on their face at the preposterousness of my question. So nurses, at least, and in common with this *Lancet* editorial, seem convinced they are **not** handmaidens to doctors. The editorial added that although 'the doctor–nurse relationship has changed dramatically, even irreversibly', there are still 'tensions that need to be resolved'.

Nurses and doctors are accordingly working within a framework that asserts 'co-existence of self-directed professionals'. Unfortunately this still does not always happen today. The recent ballot of all staff in this hospital, of whom nurses represent a major part, showed a clear opposition toward the pursuit of the 'trust status' option offered under the recent NHS proposals. A further ballot, confined to consultants, revealed a different preference. We all know which point prevailed.

Regardless of any particular position in this argument, it hardly seems to bear out the truth of 'co-existence of self-directed professionals'. The consultants had the benefit of reading a

long draft policy document on the subject, which one amongst their peers expected they all should read before voting; this compares with expecting the electorate to read Bagehot, or at least each party's manifesto, before participating in the quinquennial fever of a general election!

All these political considerations pale into insignificance beside our real *raison d'être*—the care of patients.

If there is to be greater professional co-operation between doctors and nurses, *The Lancet* argued this should support the view that 'health professionals are being urged to become more patient centred'. Thus the abolition of a hierarchical distinction between staff should result in a co-equal approach to patient care, though with differing emphases.

Furthermore, this editorial said: '. . . there has been little research into the effects of professional relationships on health outcomes; such studies are much needed'. This is a classic response, worthy of comparison with the call for a 'Royal Commission' in the political field when future courses of action are unclear and need study. What must not happen if this course is followed, as it so often does, is to allow research studies to sit on shelves and gather dust. So, the patient must be asked and active participation sought. Meanwhile, what do patients think of the hospital 'trust status'? Not a lot, if opinion polls are any guide.

Denis Cobell

PHYSIOTHERAPY NOTES

Farewell to Jean Jones

One of Guy's longest-serving staff retired in August, 32 years after entering the School of Physiotherapy as a student-teacher. It seems sad that, after three happy decades, Jean Jones had to preside in her last two years over the beginning of the end of the School. Her stint as Principal must have been clouded by having to fight a rearguard action against the combined forces of the RHA, the Chartered Society and, regrettably, the hospital—all of whom refused to accept that the School remained viable.

Jean started her physiotherapy training in 1949 and on qualifying she worked in London, mainly at St Georges, for the next five years. At Guy's, she joined Mary Howell-Evans (later to become Principal of the Cardiff School) on the teaching diploma course, and was appointed to the School's qualified staff in 1960. Elizabeth Tanner was then head of a school replete with experience and expertise, and, although the term was at that time unknown, 'inservice training' was readily available. Encouragement to develop clinical as well as teaching skills resulted in Jean's becoming a member of the Association of Chartered Physiotherapists in Obstetrics and Gynaecology (an instance where an acronym is most welcome) and she took responsibility for teaching students and supervising not only their work but also that of the clinical physiotherapists in the ante-natal clinics and maternity wards. It was a great disappointment to her when this physiotherapy input became an early casualty of budgetary restraints a few years back.

We were all cajoled by our seniors into putting ourselves forward for election to the panel of examiners of the CSP. Jean was admitted to all sections of that panel and eventually became Chief Examiner for Part I and an external examiner for the University College of Dublin.

After appointment to the Senior Teacher grade, Jean became Assistant Principal in 1977. Now, her organisational powers were given full rein, and she produced minutely-detailed duty-lists, rotas and time-tables—frequently to the total confusion of those to whom they were directed!

When Guy's chose to develop its own course—before the threat of closure was even hinted at—we decided to convert to a block system of training, and Jean beavered away in the SE Thames Region to discover and develop suitable clinical placements for our students. Unlike our companion schools in the Region, we had constructed an integrated system of teaching and practice which surely deserved better than the five year life it will have had when it closes in 1992. Jean, fittingly, was a major contributor to its conception, gestation and birth, and has had the gratification of seeing the first intake complete our very own course before she left.

Now she will be able to give full-time attention to her elderly mother and to her beloved poodles. John Low, Jean's deputy, moves up to become Principal, and is in turn replaced by Bill Oldreive. We all wish Jean Jones a long and happy retirement, and trust that John, Bill and the teachers will continue to inculcate into the students the élan and high spirits for which the school has been renowned. I know that they, like their foredecessors, will enjoy the support and collaboration of Diana Innoverti and her clinical staff, and I am sure that you will join me in wishing the staff and students a jocund and happy future; even as we say farewell to Jean Jones.

Ronald J Cooper

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We congratulate Miss A M Skelly, Senior Lecturer in the Dental School on the award of an Honorary Consultant Contract. She is the first person in the country to be awarded a Consultancy in Sedation in relation to Dentistry.

We also congratulate Dr T F Watson, Lecturer in the Department of Conservative Dental Surgery on winning the Postgraduate Prize awarded by the British Society for Restorative Dentistry.

We were delighted to learn that after prolonged national negotiations the Dental SIFT (Service Increment for Teaching) had been substantially increased and some £400,000 extra has been given by the Regional Health Authority to the District Health Authority for the Dental Hospital. This would have enabled us to re-open Oral Surgery beds—recently closed by the Guy's Unit which would mean that the very long Oral Surgery waiting lists could be reduced and proper training for our students and junior staff restored. We would also have been able to provide additional much needed technical and nursing support for our undergraduates, the lack of which has been criticised by the GDC and UGC. At a recent District Health Authority meeting it was announced that the District had 'borrowed' this money but at the last meeting of the former DHA it was stated that the money had been spent on other projects and would not come to the Dental Hospital. No explanation was given and there was no consultation with the Dental Hospital. To add insult to injury the Dental Hospital is being asked by the Guy's Unit to make further savings to enable the Unit to balance the budget by next April. We are promised that next year the Dental Hospital will be properly funded.

The Court Grant to UMDS has also been severely reduced and the Dental School is having to take its share of the necessary cuts.

We are endeavouring to minimise the adverse effects these cuts will have on our teaching and research programmes.

A H R Rowe

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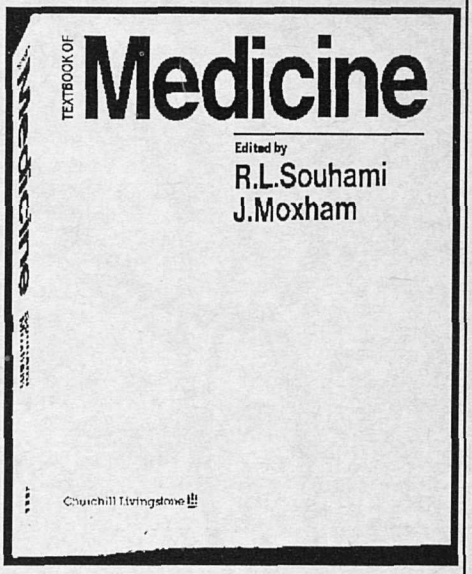

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The Thomas Guy Club

The Thomas Guy Club is the sport and social club in Guy's Hospital, comprising some 1,300 members with a Lewisham branch soon to be established (available for use by all current members). Membership of the club costs £5.00 per year.

Facilities on site include a 25 m swimming pool with a pool side sauna. The pool is in the basement of Wolfson House (the Weston Street entrance to Guy's). It opens at 8.00 am Mon–Fri and 9.00 am on Saturday. It is generally open until 6.45 each weekday evening, but it is advisable to get an up to date timetable as there are some private sessions during each day. The sub-aqua, water polo and nurses swimming club run clubs after 6.45 pm. Phone 3184 for details.

Swimming lessons (both beginners and stroke improvement) are held regularly throughout the year. For that extra motivation to help you swim regularly there is a free swim fit programme, also combined with a stroke analysis. If you phone 3184 Mike will be happy to help.

The club bar is just off Borough High St, adjacent to New City Court in the atmospheric cellars of the old superintendents house.

An extensive lunchtime menu is available with food also available 5–8 pm each evening. The club bar is open: 12.00–2.30 pm Mon–Fri 5.00–11.00 pm Mon–Fri. Happy hours normally held on Thursdays.

Names are currently being taken for a club pool and darts team to take part in a Winter league. Contact Maureen on ext 5962/5061 for details.

There are 6 classes each week held in the Basement Gym, Shepherd's House.

Day	*Time*	*Class*
Monday	5.00–6.00 pm	Aerobics
Tuesday	12.30–1.15 pm	Shape Up
Wednesday	1.00–2.00 pm	Aerobics
	5.00–6.00 pm	Aerobics
Thursday	12.30–1.15 pm	Shape Up
	5.15–6.15 pm	Aerobics

Weight Training Classes are held at 5.45–6.45 pm Mon, Tues, Wed and Thurs, on the ground floor, Shepherds House.

Thomas Guy Club 'Clubs'

Football: Plays in a SE London Saturday afternoon league. Contact Simon Teeluck ext 2035 or Colin Langdon ext 3550.

Netball: Plays in local midweek evening league. Contact ext 3184.

Cricket: Play mid-week afternoon and evening fixtures. Contact Pat Hourihan ext 3235 or Fred Compton ext 2094.

Running: Meet 12.30 pm Tuesday at the Pool for training run, 30p. Contact Ken Brady ext 4512.

Water Polo: Meet Monday evening at the Pool from 6.45–7.45 pm for training. Busy fixture list. Beginners always welcome. Contact Michael Foulger (ext 3184).

Sub Aqua: Meet Wednesday at the Pool from 6.45–7.45 pm. Contact Michael Foulger (ext 3184) for details. For sports divers the club has a busy weekend and holiday dive programme. New intake is planned for Wed 3 Oct. Look out for details.

Diving: Beginners poolside and springboard diving instruction available(ext 3184).

Nurses Swimming Club: Tues 6.45–7.45 pm. Very active club and busy socially, too.

Squash Club: Unfortunately our squash courts at Guy's were demolished in early March. However the Special Trustees have sponsored 60 memberships at the London Bridge Squash Club and use of the Price Waterhouse courts at Off Peak times. Please contact Pat Hourihan (ext 3235) for information.

Multi Activity Evenings take place regularly—these are friendly competitions involving as many activities as possible in an evening, ie running, swimming, treasure hunt, darts, pool, quizzes etc, all with mixed teams of twelve people or more. Pat Hourihan (ext 3235).

World Medical Cycling Championships 1990

This summer saw the seventeenth World Medical Cycling Championships, which took place in the beautiful countryside south of the city of Bordeaux.

Over 120 riders representing France, Germany, Belgium, Holland, Russia, Austria, Switzerland, Spain, and for the first time Great Britain, descended on the quiet town of Langon. This is right in the middle of the Bordelais wine producing area, and is at the interface of Graves and Sauternes.

The program consisted of a whole week of events that included, visits to various Chateaux for wine tastings, a symposium on sports injuries and drug abuse, by athletes in general and cyclists in particular, and of course, cycle races.

The competition took the form of an individual 26 km time trial, a team time trial, for National teams, and a 70 km road race. In addition, and for me the most important, was the track racing. This took place in the village of Aires sur Adour, on a very steep and very fast concrete velodrome. All of the racing was in age related groups.

The British representation was in the form of Andy Coady and myself. It was Andy (currently at The Charing Cross), who as a previous British team squad member, and as SHO in Clinical Microscopy at Guy's from 1981 to 1983 introduced me to track cycling. Neither of us took part in the road races.

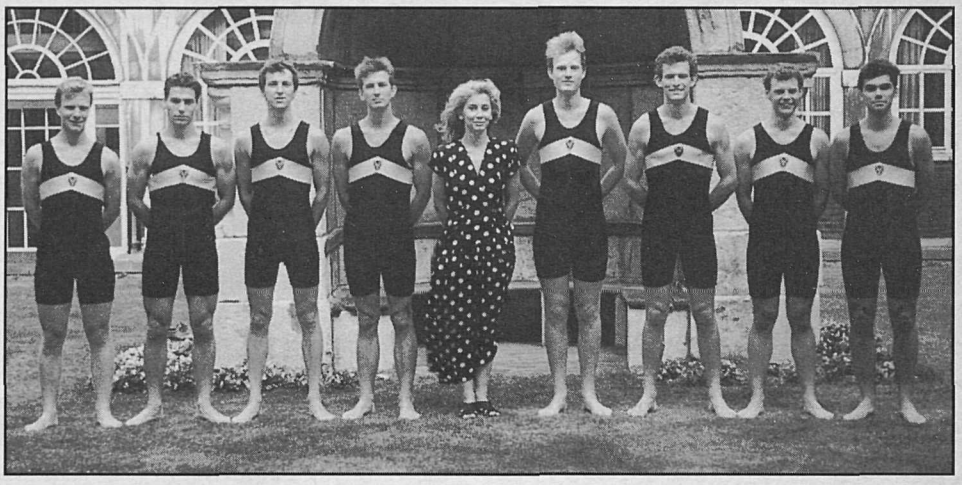
The weather during this week was extremely hot, so much so that during a two hour training session, we drank over a litre of water each. However the day of track racing dawned to steady rain. I must point out that riding the track in the wet is extremely hazardous, because you tend to slide down the banking and fall off. Luckily for a short time the rain was light enough for the surface to dry slightly faster than the rain could wet it. This was long enough to hold the kilometre time trial. The kilo, as it is called, is one of the most painful events in cycling, and consists of individual riders doing a standing start kilometre, which was three laps at Aires sur Adour. Andy had a convincing

win in the 35–40 age group, with a time of 1 minute 13 seconds. We were deemed to be so infirm in the 45–50 age group, that we were only allowed to do 666 metres. I was beaten into second place by a Frenchman by a margin of 0.2 seconds, with a time of 55 seconds. After this the rain set in for the rest of the day, and so unfortunately the individual pursuit was cancelled. Everyone was invited into the club house, and was given a glass of wine as a consolation prize.

This was a most enjoyable event, which was very well organised by Dr Serge Guillaumin. The racing was taken seriously, but in a friendly and relaxed atmosphere, that included large amounts of wine and foie gras.

Next years World Medical Cycling Championships will be held in Belgium. There are categories for doctors, dentists, paramedical specialities, and supporters. I don't yet know what the dates are, or the precise location, but if you would like to represent your country, drop me a note.

Barrie Hartley
Dept of Histopathology
Guy's Campus



Left to right: John Crossman, Matt Smith, Jamie Rose, Dave Quick, Phetna Fozouni (cox), Steve Pryke, Andy Williams, Matt Butcher, Jon Robin

Boat Club

Freshers Introduction

Welcome to Guy's Hospital Boat Club. We are a large and long established (1844) friendly club. We cater for all classes of rower, from those who regularly compete on the summer circuit, to those who have never rowed before. We share a new boat house, with the World Famous Tideway Scullers, which overlooks the finish of the University Boat Race. If you would like to learn how to row, or to trial for a place in one of the crews, or just have a quiet paddle and a drink in the bar afterwards, please contact us via the Pidgeon Holes, or come down to the club house.

John Crossman
Diane Bessey

Henley Men's Regatta 1990

Henley Royal Regatta (the men's event) was held between July 4th and 8th but we were required to qualify in the preliminary rounds which were held on the preceding Friday. We had set our targets on a new event, the Henley Prize, way back in April. This is a new event specifically for colleges that are subsidiaries of a university, the Thames Cup having reverted to its old status of being a 'club event' and the Ladies Plate once again aimed at university crews.

Our Final Tideway training culminated in the Horseferry Regatta the Saturday before the preliminaries. Despite losing to Latymer Upper School in the final we left London for Henley in an optimistic frame of mind ready for the subsequent weeks 'fine tuning' over the track. With a little persuasion No 5's parents kindly accommodated the whole crew, rancid kit included, for the week. It was a house where the cat would have to wipe its paws before coming in and even the breadcrumbs fall in a symmetrical pattern! The microbes we had imported from the Thames didn't stand a chance.

Over the Monday to Thursday we had two outings a day adapting to the slower stream and getting to know the course inside out as well as keeping Mrs Miggins Pie Shop in business. With the coaching team ever present and plenty of keen American crews to spar with, confidence flourished and the boat settled into a nice rhythm. By the Friday we were ready for the official time trial over the full track of 2,200 m.

As expected the event had attracted a large entry of 32 crews that had to be reduced to 16. With 8 crews automatically qualified this left 24 crews fighting for 8 places, Guy's the only hospital crew entered. Despite the best row we had ever had we missed qualification by six seconds placing equal 14th with Oriel College, Oxford. The disappointment was immense at the time but when put in perspective the crew had rowed to its full potential on the day and with that we were satisfied.

Our thanks are extended to Alec Hodges, Chris Madell, Ray Tolman, Alastair Proben and Mr Gleesan, our president, for their coaching and assistance over the year.

Dave Pullen, a member of GHBC, was selected to row in a Brittania IV for the University of London after a years training and racing with them. The IV lost to Cappoquin RC, Ireland in the quarter finals but Dave is to be congratulated for doing so well over the whole year with several different coloured medals tucked into his purple lycra somewhere!

ADW

Henley Women's Regatta

The third Henley Women's Regatta was held on Saturday 23rd June from 8 am to 8 pm—1,500 m along part of the Royal Regatta course. This was what the ladies coxed IV had been training for all year and all too soon the big day arrived.

The five of us took our boat down to Henley on the previous Thursday leaving us 2 days to practise the course and psyche ourselves up for the big race. We arrived in time for a quick outing on Thursday evening and although the conditions were quite bad we soon discovered that rowing on the river at Henley was very different to the Tideway.

On the Friday we spent the day strolling round Henley in between 2 outings. These 2 outings were the best all of us have ever rowed—whether it was because of the water or because there was total concentration in the boat none of us knew but all of us began to think that if we rowed like that on the day we were in with a chance, even though we had to enter at Senior II level, one above our class.

When the racing began at 8 am on the Saturday all of us were still tucked up in bed after our good nights sleep as our first round was not until 1 pm. We had a bye through the first round and were drawn against Lea Rowing Club which was the club that won our event last year.

Once down by the river we were amazed at the number of people at the regatta—the entry was huge including quite a large proportion of college crews. Unfortunately the weather was quite windy and wet but this did not deter our huge band of supporters (minus the men of course!)

As we set off for the start all of us were feeling the pressure that was on us—we had worked all year for this race and it would all be over in 6 minutes. The start of our race was delayed by about an hour, so unfortunately we had to wait at the start in the rain but finally we were called to our starting positions. After an excellent start we moved ahead of Lea over the first 50 m. However after one unbalanced stroke we lost our rhythm and at this point they moved ahead over the last 500 m. Listening to the cheers of our many supporters we managed to get back into a rhythm and keep with them and passed the line about 2 lengths behind them.

We were disappointed and annoyed with ourselves that we had not rowed as well as we had the previous day, but we had thoroughly enjoyed our time at Henley and were pleased just to have rowed there. We had gained a lot of experience just over a few days and all plan to be back there next year.

This race was the last of the season for us, but after a rest we hope to be back in training in September for the Boston Marathon and the sprints. We are grateful to many people for helping and supporting us throughout the season. We would like to thank Robin and Sue Rippon for putting us up for 2 days in Henley especially for the delicious cooked breakfast! We would also like to thank all our supporters over the season especially Mr and Mrs Bonipas, Mr and Mrs Burfoot, Mr Mansie and Mr and Mrs Gleeson and our coaches Alec Hodges and Chris and Belinda Madell, without whom our season would not have been so successful.

Cox: Andy Klein. 4: Diane Bessey. 3: Liz Gibson. 2: Danielle Smith. 1: Caroline Burt.

Liz Gibson

Boston Marathon

Three crews made the annual pilgrimage to Boston for the 31 mile marathon, held on Sunday 16 September. Once again Fred Moorhouse and family very kindly allowed the crews to stay in their house, so easing the journey.

Mens 1st VII Report

We set off with a plan to bring us home in 3 hours 40 minutes. Boating at Midday, we were one of the last crews to leave Lincoln. The weather was ideal—overcast, and no wind. Setting off at a good rate to complete the first 7 mile stretch to Bardney Lock. The Lock was passed 5 minutes ahead of plan, and the crew started the final 24 mile stage. We continued to gain time on the plan by putting in pieces of higher ratings while passing other crews, and arrived at the halfway mark 10 minutes ahead of schedule. By now, however the crew was beginning to tire, and we had an unsteady 20 minutes, before a rhythm was found again. With encouragement from our supporters on the bank, we gradually picked up speed from the last bridge (4½ miles to go) the rating went up by leaps and bounds, until, at last the klaxon sounded as we crossed the finish line, and the marathon was over for another year. We finished in 3 hours 44 minutes, 2nd in our class, just 4 minutes behind the winners.

JC

Time: 3hr 44 min 12 sec.
Crew: Matt Butcher, John Crossman, Dave Pullan, Tim Spires, Matt Smith, Andy Williams, Jamie Rose, Jon Robin, Cox Phetna Fozouni.

Mens 2nd VIII Report

For the newly named 'Impacted 8' the Boston Marathon came at the end of a summers rigorous training program, with the crew feeling both physically and mentally prepared.

In true 2nd VIII style, however, we started half an hour later than originally intended, and amongst faster and more experienced crews our virgin stroke set a near exhausting rating. But with guidance from the more 'realistic' crew members we soon settled into a firm, yet steady rhythm and produced some fine rowing, especially in the latter stages of the race.

As the 4½ mile-to-go-marker appeared for the 2nd time, the crew mustered an impressive sprint to the finish. Our respectable time of 4 hr 37 mins was a good reflection of all the effort put in, and while the crew nursed their aching muscles on the bank, the cox apologised to the first VIII for a awkward race deviation.

LW

Crew: M Patel, R Simons, A Black, A Mosabhui, S Hodges, A Cash, S Mauara, G McLellan, Cox: L Ward.

Ladies IV Report

Guys Ladies IV set off on a Sunday Morning in September to row a daunting 31 miles from Lincoln to Boston. After a hearty cooked breakfast, we taped and gloved our hands and checked our food supplies—*bananas, chocolate, dextrose tablets* and of course water. We started optimistically, cheered on by the men's eights, only to be overtaken by several sailing boats within the first hour up to the lock. After a quick dash over the bank we were back on the water, gritting our teeth against the pain. We rowed one hour stints with 90 second breaks allowing just enough time to gobble down a Mars bar or nature's equivalent—the banana. The time went remarkably quickly for the first 4 hours but after the final break, it seemed to crawl by.

Finally, when our hands were nothing but blisters and our limbs were shaking with fatigue, we reached the final straight and sprinted for the line cheered on by the spectators. We came second in our division with a time of 5 hours 41 minutes. Thanks very much to Mr and Mrs Moorhouse for their enthusiastic support all along the course, and of course the champagne at the finish. This was kindly supplied by Mr Harry Burfoot and was possibly the only incentive we had for finishing.

DB

Crew: Caroline Burt, Liz Gibson, Danielle Smith, Diane Beney, Cox Andy Klein

Rugby Club

It is my honour to welcome the new UMDS intake and the already established members to a new Rugby season with the oldest Rugby Club in the world. (est. 1843). Like all Guys clubs, the rugby club prides itself on its illustrious history, spirit as a sporting team and enthusiastic social activities.

Over the past few seasons the club has been running four teams—and has high hopes of raising a regular 5th team this season—but to do this relies greatly on support from the preclinical years. We also put out 2 sides on a Wednesday.

The first team is well established and has ambitions on both the Saturday Courage League and increasing our record in the Hospitals Challenge Cup. Selection is very much based on commitment and we greatly encourage integration of newcomers into the club.

In an effort to welcome the freshers we ran a special prelinical tour in memory of Brian d'Eath, Guys oldest international.

The club also runs numerous other tours during the year including a 3rd XV and a 1st II tour at Easter.

Now that Dipper has defected to the East we hope to have a most enjoyable season. Training is on Mondays and Thursdays at Honor Oak Park starting at 6.30 pm., and we also train with weights on the other days of the week at St Thomas's at about the same time. Finally the Freshers trial will be on the 3rd October at H Op. I look forward to seeing you there.

Rodney Spencer

1st XV fixtures for October

6th	Old Whitgiftians	2.45 pm Home
13th	Portsmouth	2.45 pm Away
20th	Old Walcountians	2.45 pm Home
27th	Alton	2.45 pm Away
3rd–5th November		Preclinical Tour

UMDS Football Club

The football club is the most successful club at Guys. This rather brash statement cannot be argued against with the 2 teams having won 5 championships, 2 league Cups and 4 Semi-final appearances in the last 4 seasons.

The 1st XI had a season of success never surpassed by a Hospital before. The Championship of the U L U Premier division came to Honor Oak Park for the first time ever. In a thrilling finish to the season, playing the team placed second on goal difference in our final fixture, we managed to hold on to gain the privileged title of being the best team in university of London Football.

However this season we need new faces. Superb team spirit may have carried us through in the past but to compete with colleges who run upto 14 teams we need the best students available.

This year, our amalgamation with St Thomas's (who I have to admit won the Hospitals Cup last season), means we will run 4 teams. This cannot fail to improve standards further, and even though last season's exploits by Crystal Palace may be difficult to beat I see no reason why U M D S will not soon become South London's greatest team !!!!

If you want to jump on the glory bandwagon come to Freshers trial on Wednesday of Freshers week. See you there.

Tim McDonogh

UMDS Netball Club

At last here's an alternative sport for the girls other than hockey and rowing! Netball practices take place at Honor Oak Park on Wednesday afternoons, and players of all standards are welcome. We belong to the London League and will be playing other colleges and hospitals on Wednesdays or Saturdays. If you're interested please contact Clare Walford via Boland House.

Clare Walford

U M D S Ladies Hockey Club

The Guy's and St Thomas Ladies Hockey Clubs have amalgamated and I'd like to take this opportunity to extend a warm invitation to players on both campuses as well as future entrants to U M D S to join the new club. If you want loadsa fun, a variable amount of drinking (mostly a lot) and occasionally the odd hockey match, come and see us at the Freshers Fair. We need new blood!

Last year the Guy's side had a very successful season. We came top in our league, so gaining promotion, and won the University of London Cup (THE CUP!). We also toured Holland at Easter and Thomases went to Guernsey.

This year, we hope to play home games at both Cobham and Honor Oak Park, so the season should be even more enjoyable. So come on girls, get your sticks out, move those legs, down a few pints and come on over!

Tania Grace

UMDS Art Society

This club has been running just over a year now and has held a number of highly successful student art exhibitions on both Guy's and St Thomas' campus'. Artwork ranges from watercolours and oils, to pencil drawings and sketches. Some of the material has even been reproduced and colour prints sold to subsidise the student grant!

Recently the clubs Union has purchased its own screen printing equipment and this will enable us to print our own designs and motifs onto T shirts and sweatshirts. It is hoped that every club will benefit from its use and print their own designs for club events and sports tours, as well as for the bumps, the summer festival and charities week.

Clare Walford

Blues Awards

At a recent meeting of the Blues Committee, the following awards were made:—

Boat Club
Full Blue
A D Williams

Half Blue
J D Rose, S E R Pryke, A Klein, Diane Bessey, Elizabeth Gibson, Danielle Smith, Caroline Burt

Cricket Club
Full Blue
H Taylor

Half Blue
M Goodwin, S Lewis, G Selman, I Malik

Football Club
Full Blue
A Mead

Half Blue
H Taylor, R Sajjanhar, T McDongah, N Naterwalla

Hockey Club
Full Blue
S Millar, A Baird, J Hatfield, A Whelan, M Cynk, D Gill, Vanessa Skelton

Half Blue
J Brooker, R Russell, K Ong, Catriona Rankin, Tania Grace, Alison Dick, Rachel Harrison

Martial Arts Club
Half Blue
J Hatfield

Rugby Club
Full Blue
J Barwell

Half Blue
J Worth

Squash Club
Full Blue
J Neil-Dwyer

Half Blue
Rebecca Lewis, Elizabeth Nichols

Tennis Club
Half Blue
Rachel Harrison

Marriage

BROADBENT—MOTTO. Judith Elizabeth Broadbent to Dr Stephen Giuseppe Motto on 14th July 1990.

Change of Address

MOTTO (née BROADBENT), Judith and Stephen to 14 Lancing Road, Orpington, Kent, BR6 OQT.

Tennis

Lew Hoad's Club at Mijas Costa del Sol. Beautiful 2 bedroom/2 bathroom apartments, 8 courts, coaching tournaments, all standards. For a perfect holiday. Tel. (0203) 713700

Erratum

Gazette September 1990, Sir Cyril Clark. The Buchanan Medal is not awarded by the Royal Society of Medicine, but the Royal Society.

+++ YOU'RE
BETTER OFF
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BARCLAYS

*BARCLAYS STUDENT OFFER IS AVAILABLE TO UK STUDENTS STARTING A FULL TIME COURSE IN HIGHER EDUCATION IN 1990 WHO HAVE PROOF OF RECEIPT OF AN LEA AWARD. OFFER CLOSES 31ST DECEMBER 1990. YOU HAVE TO BE OVER 18 TO APPLY FOR AN OVERDRAFT (20 IN JERSEY). A WRITTEN QUOTATION IS AVAILABLE FROM BARCLAYS BANK PLC, STUDENT ACCOUNT SERVICE, PO BOX 120, LONGWOOD CLOSE, WESTWOOD BUSINESS PARK, COVENTRY CV4 8JN. PLEASE NOTE: IT'S OBVIOUSLY IMPORTANT TO MAKE SURE YOU DON'T TAKE ON MORE THAN YOU CAN AFFORD. WE WILL BE GLAD TO TALK TO YOU ABOUT THIS BEFORE YOU BORROW. AND IF YOU SHOULD RUN INTO DIFFICULTIES WITH REPAYMENTS, PLEASE SPEAK TO US AS EARLY AS POSSIBLE.

NOV 1990

GUY'S GAZETTE

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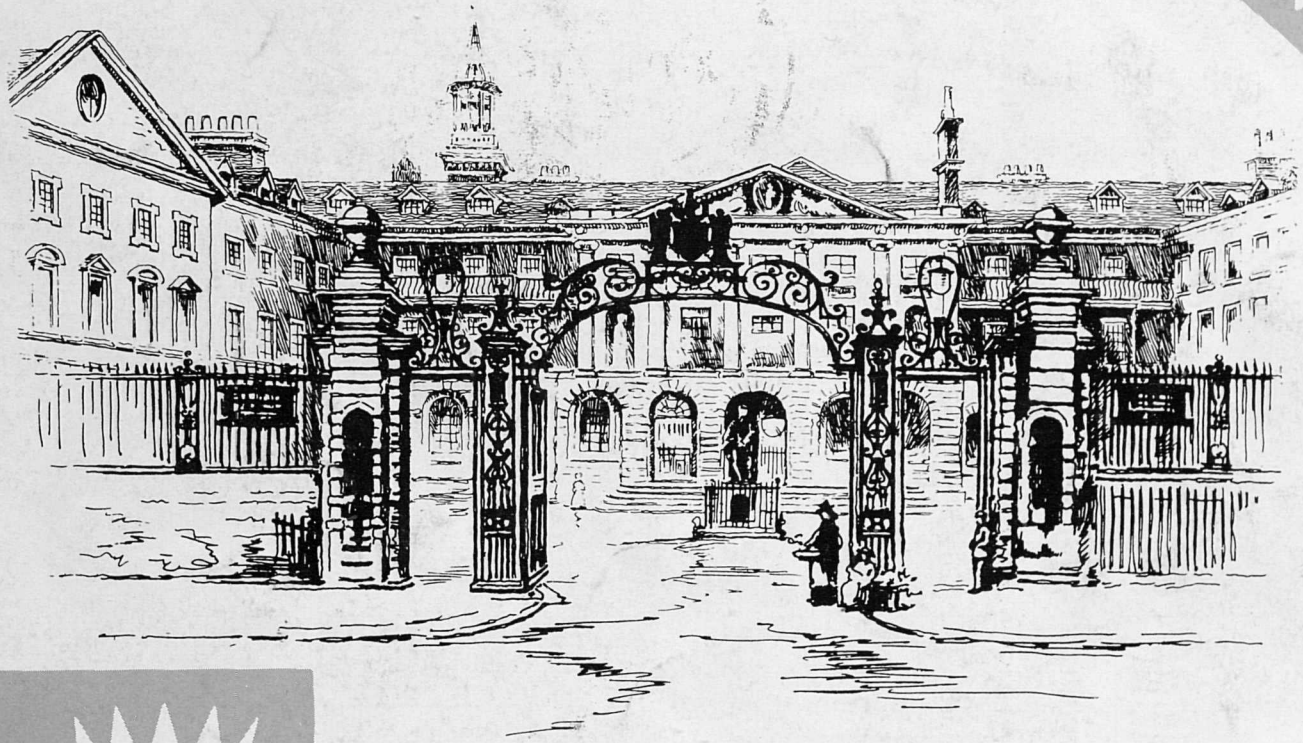


Learning from Experience

Anecdotes from a life in medicine

Junior Doctors' Hours

What's all the bleating about.

HIV and the Oral Cavity

An interview with Professor Stephen Challacombe.

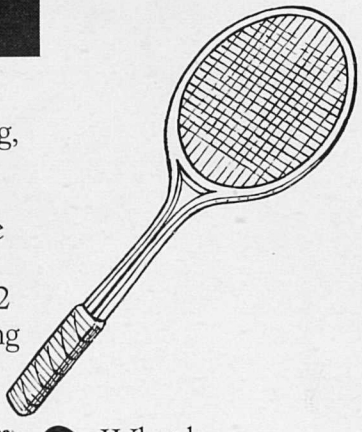
TRY OUR SHORT ORAL TEST

1 What has a really comfortable grip?

- ☐ (a) The Boston Strangler
- ☐ (b) The Sensodyne Search 4
- ☐ (c) A toothless bulldog.

4 What has a dense brushing surface?

- ☐ (a) The Sensodyne Search 4
- ☐ (b) A dry ski slope
- ☐ (c) A road-sweeper with an IQ of 72.

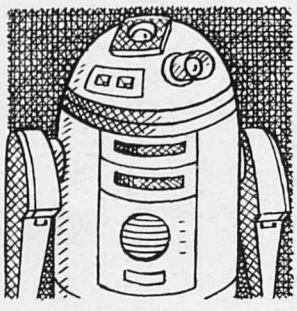


2 What has a long, slim neck?

- ☐ (a) The Sensodyne Search 4
- ☐ (b) A bottle of 1982 Yugoslav Riesling
- ☐ (c) A cygnet.

5 What's head and shoulders above the rest?

- ☐ (a) The Hunchback of Notre Dame
- ☐ (b) A giraffe
- ☐ (c) The Sensodyne Search 4.

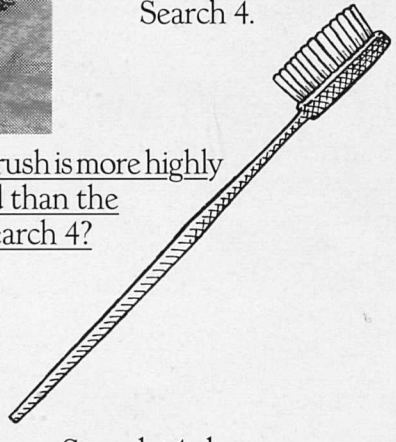


3 What has a compact head with rounded corners?

- ☐ (a) A primary school
- ☐ (b) Just about everybody
- ☐ (c) The Sensodyne Search 4.

6 What toothbrush is more highly recommended than the Sensodyne Search 4?

- ☐ (a) None
- ☐ (b) Zero
- ☐ (c) Zilch.



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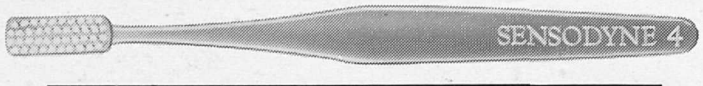

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*Independent Dental Survey 1988. Data on file Stafford-Miller Ltd.

CONTENTS

173 Passim

174 Letters—House Job Order, Hodgkin's Grave

175 News—Saudi Arabian Deal, Roman Discovery at Guy's

177 Retrospect: Learning from Experience—look back and laugh

180 'I Wouldn't Recommend It To Anyone!'—life as a junior hospital doctor

184 HIV and The Oral Cavity—an interview with Professor Stephen Challacombe

187 More Inane Musing—the drugs rep

187 Nursing Notes—Pink Pages

188 Physiotherapy Notes—All Change at Shepherd's House

189 Obituary—John French

189 Gazette Review—the Biennial Dinner

191 Sport—First XV Reports, History of Guy's RFC

193 Gazette Competition

Guy's Gazette

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Passim

It seems that the confusion surrounding the allocation of house jobs next year has been resolved (see House Job Order in this *Gazette*) and that a list of available posts will be available to all final year students when they return from their electives. The description of these house jobs has been updated—this is very welcome since in a letter to the *Gazette* one recently qualified doctor complained that his job description had borne little resemblance to the duties he was now expected to perform in the hospital. This was clearly a less than satisfactory situation; the choice of house jobs is an important decision that could influence one's entire career, and it should obviously be based on accurate information.

I was surprised to learn that, as the winds of change swept through the Medical School, the Student Medical Education Committee (SMEC) was not operational. It transpires that the previous 'chairperson' did not arrange any elections before disappearing for three months on his elective to some far-flung corner of the globe. In the past SMEC has often seemed to represent the opinions of the committee itself rather than the student body as a whole, but it is nevertheless a very important link between the undergraduates and the school and should be resurrected quickly. Hopefully, it will try to keep in touch with the feelings of the masses, though this is more difficult than it may seem as students at Guy's are surprisingly reticent and rarely express an opinion. Perhaps questionnaires could be used to measure students' feelings, for I feel sure that armed with such proof of student dissatisfaction SMEC would be more able to initiate change.

SMEC's first task should be to examine the teaching of ophthalmology. Ophthalmology was erroneously omitted during the construction of the teaching timetable for the current final year students. Although valiant attempts have been made to introduce ophthalmology at various points in the course, many students have complained that they have still not received any formal teaching in the subject. I am sure that strenuous efforts are being made to rectify this mistake which could result in much embarrassment at finals.

GAZETTE LETTERS

Referees Needed

Dear Sir

It has become apparent that some of the sporting clubs in the Medical School are experiencing difficulty in finding referees for competitive games on a Saturday and mid-week. This is true of the 3rd, 4th and 5th Guy's RFC teams, the Soccer and Hockey Clubs. If any reader has a modicum of expertise as a sporting official and would like to offer his or her services please would he/she contact Richard Russell, Guy's Campus President, Boland House.

Yours faithfully,

T GIBSON
Chairman United Club's Council

House Job Order

Dear Sir,

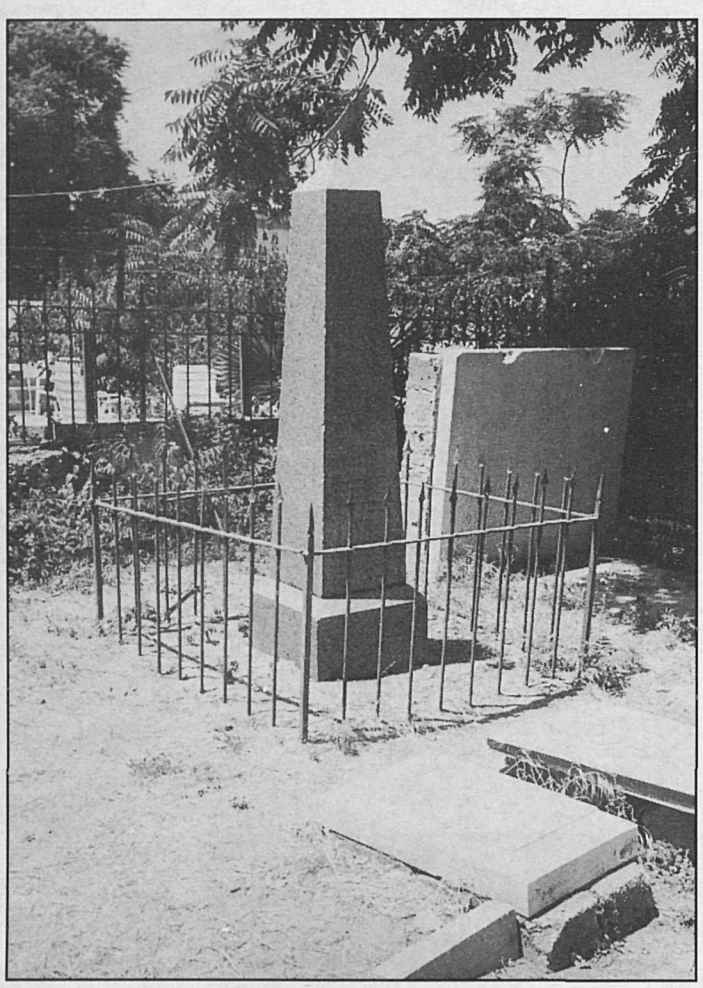
Mr Slade and other final year students will already have been reassured by events subsequent to the date his letter was penned ('House job chaos', page 130 of the September issue) that no such 'chaos' threatens. On 3 September I addressed all those involved, outlining the proposed new Scheme for a unified UMDS process of Pre-Registration House Appointments, as **required** for posts commencing in August 1991 by the University of London and the UFC. We are not permitted the year's delay sought by Mr Slade.

In the matter of dates, I was able to promise a virtually final draft of the full list of the 193 posts available with the Scheme, and a preview of the new application form containing that list. This was available to all UMDS students from 19 September, before electives commenced, for information. The final application forms containing the definitive list of posts will be available to all final year students when they return from their electives, and the deadline for submission of applications will be not less than three weeks thereafter.

I am sorry that a number of our student colleagues were caused anxiety by snippets of 'information', some inaccurate, which floated about during the consultation process involving those 193 posts and the 220 consultants at Guy's, St Thomas's and the other 36 hospitals involved. I hope they will understand that such a consultation was crucial but inevitably complex, and therefore prolonged. I have every hope that the new Scheme, which will be published in the next issue of Gazette, will justify their confidence in the future.

Yours faithfully,

BRENDAN HICKS
Postgraduate Dean



Above: Hogkin's Restored Grave in Jaffa

Dr Hodgkin's Grave

Dear Sir,

As a subscriber to the appeal which was sent out two years ago you will, I am sure, be glad to know that the monies raised here and in the United States have been put to good use. The Jaffa/Tel Aviv cemetery has been cleaned up, and the American Physicians Fellowship for Medicine in Israel, in collaboration with the Anglican Bishop in Jerusalem (the Church having control of the cemetery) has arranged for a gardener to be paid for regular continuing attention to the cemetery and grave.

There is still a slight tilt in the Montefiore obelisk, but a stonemason who was consulted has given assurances that the obelisk is completely stable and has recommended that it should be left as it is.

Once again, I should like to thank all those who supported the appeal.

Yours faithfully,

E C HODGKIN
Appeal Treasurer

Stand Firm!

Dear Sir,

Do not be disturbed by the conservative correspondents who cannot adjust to your modern A4 style. As the issues accumulate on the coffee table the advantages of the larger format for displaying your cover designs become clearer. Your printer and page designer are making excellent use of the increased opportunities that the wider page gives for one to four column page layouts with illustrations which can spread over any combination of columns. The quality of reproduction of photographs is superb. Your outraged correspondents should not compare the modern *Gazette* with the 'Fleet Street' tabloids but with contemporary medical journals. I have edited two international journals during the transition from an idiosyncratic quarto or octavo size to the A4 format. Each change was accompanied by an increase in subscriptions. I see every reason why you should experience the same enthusiastic reception if your detractors would join forces with you and send you the contributions which you need to fill your pages. The problem with the A4 size is that more articles are needed to make each issue appear substantial. In fact I suspect your recent issues contain more print than the old.

Yours faithfully,

Prof RICHARD HUGHES
Dept of Neuology
Guy's Hospital

Gazette Mystery

Dear Sir

I was surprised and much amused to see the illustration, at the top of page 144 in the Sept 1990 issue of the *Gazette* (No 2405).

The picture portrays a few of the plaques and working models from the unique to Guy's Extern. Room in the old residential college demolished during the War. The centre piece is a billiard score board with genital indicators contributed by myself and three colleagues in July, 1936 while Mr McNairs Externs.

The RO was (Harry) Henry Alexander Hamilton late senior obstetrician in the Gloucester area.

RCJ was myself.

OPL was Oliver Parry Llewellyn who returned from the War with a Military Cross and became medical advisor to Courtaulds.

ALM was Albert Lionel Myburgh one of the many South African students with us at that time.

JSFW was John Stewart Ferra Watson called 'Hooper' because he was a territorial, who returned from the War as Lt. Col. RAMC and is now living in Crondall Surrey.

I feel sure many prewar students would be interested to know what happened to all those incredible obstetric artifacts removed from the walls of the Externs Room. Some are stored and obviously on show as your photograph reveals.

Yours faithfully,

Sir RALPH JACKSON
Cherry Trees,
Ball Rd,
Pewsey
Wilts, SN9 5BL

Philip Evans

Dear Sir,

Cyril Chantler's moving obituary gave illuminating insight into the life, work and nature of an outstanding man. I am one of those Guy's graduates who was drawn to paediatrics by Philip Evans, especially during the 1960's when his department was bourgeoning. Both as students and as graduates, we were inspired by his qualities, which seemed to enshrine medical practice at its most consummate level. He bridged the Hippocratic tradition and scientific medicine in a way to which all of us aspired. He was the Paediatrician's Paediatrician, and his stature surely ranks highly in medicine at large, as well as in Paediatrics. I left Guy's in 1966, but from time to time I have received kindly solicitous and encouraging notes from him, the most recent in 1989 after he had espied something of mine in the literature! His influence upon us was reticent but pervasive, and will be as long-lasting as his proteges are in clinical practice. Paediatrics has been enhanced by his presence and medical practice enriched by his humanity.

Yours faithfully,

GARRY HAMBLETON
Consultant Paediatrician
Royal Manchester Children's Hospital

Ladies' Association

Dear Sir,

Your correspondent Dr Fox asked what happened to the Ladies' Association and mentioned Kitty Bulleid.

The Ladies' Association amalgamated with 'The Guild of ex-Patients' in 1972 to form 'The Friends of Guy's Hospital', which is flourishing. A subcommittee of the Friends Executive was formed from the members of the Ladies' Association and was named the Services Branch. Its function was to manage the voluntary services in the hospital—the Trolley Shop, the Library Service and, at that time, the Sewing Groups.

Kitty Bulleid was a Guy's nurse and widow of a Dental Consultant who was a member of the London Sewing Group—the last one, which continued to make baby gowns for the children's wards. She was also very active in the Nurses League (of which she was a Vice-President). She died in 1986 and an obituary was published in the *Gazette* . . . and later in the *Guy's Hospital Nurses League Journal*. She typified the caring nature and the love for Guy's shared by so many of those who trained and worked there.

Yours faithfully,

Mrs M L CAMPBELL
11 Kemerton Rd,
Beckenham,
Kent, BR3 2NJ

GAZETTE NEWS

One-day Operations

Tens of thousands of patients could be removed from hospital waiting lists if British surgeons were prepared to abandon conservative working habits, say a report published by the Audit Commission.

The commission's officers looked at twenty procedures that could be done on a day basis and found that the use of day surgery varied from five to forty per cent.

Various reasons were given by surgeons for not doing more, including claims that outcomes were not as good, facilities were not available and patients did not like it. 'There is no evidence at all that outcome are worse,' said Mr Howard Davies, the commission's controller. 'The rate of readmission is extremely low.'

The Royal College of Surgeons is to circulate the report to its members in the hope that it will produce a significant increase in day surgery.

Poisons Unit

Poisoning by plants should be detected more easily in future with the setting up of a 24-hour computer network database service by Kew Gardens and Guy's Hospital.

The aim is to help family doctors identify native plants and species from abroad.

Saudi Arabian Deal for Guy's

SE Thames Medical Enterprises, in association with Guy's Hospital, has been awarded, after competition with university hospitals in France, West Germany, Canada and the USA, a prestigious contract to manage two hospitals in Saudi Arabia.

The hospital will send out consultants, nurses, midwives and managers to train staff, evaluate standards and advise the Saudi government on how to improve the quality of medical services. Staff will also be seconded to work at the King Fahd armed forces hospital in Jedda and the King Faisal Military city hospital in Khamis Mushayat for six months or a year.

Under the three year deal, which is renewable, Guy's will receive £800,000 in the first year and £900,000 in each of years two and three, with £200,000 and £100,000 going correspondingly to the South-East Thames regional health authority. The hospital will also be paid for all expenses, including management time in England and the salaries of staff sent to the Middle East.

However, the deal has not been universally welcomed. Rodney Grahame, professor of rheumatology, said: 'This is selling us to the highest bidder. The local population is put at risk by something that must involve a fracturing of the hospital workforce. To find locum consultants at the drop of a hat, particularly in very high tech specialities, just will not be possible.'

He was afraid that further contracts would follow if Guy's won approval for its trust application: 'If this is an example of what we're likely to see, it is as if our worst fears are being realised'.

Guy's general manager, Peter Burroughs, has promised that local services will not suffer. 'This is an exciting opportunity for Guy's to utilise its professional expertise in other countries while also bringing much needed income to the hospital.'

Guy's is overspent by £600,000 this year and has closed eighty beds, although Mr Burroughs expects the hospital to break even by the end of the year. The hospital already earns £1,000,000 a year from its private wing, and a further £1,500,000 from lotteries, shops, short-term drug sales and a roof top aerial farm for radio taxis, the London Ambulance Service and the Mercury telephone company.

Smear Tests

A new scheme to control laboratories responsible for checking cervical smear tests is to be introduced next year.

The scheme, which is being backed by the Royal College of Pathologists and Laboratory staffs' professional associations, is part of a crackdown on 'cowboy outfits' which fail to maintain adequate standards.

Concern has been growing over the number of one-person private laboratories setting up to cash in on the backlog of smear tests created by the new general practitioner contract. In the past there have been reports of technicians working out of their garages or living rooms.

Spoonful of Sugar

Almost one in ten family doctors expects a twenty per-cent income increase this year through a contract the profession rejection last year. Half the country's GP's expect to make a healthy profit after adjusting for inflation, according to a poll in the journal General Practitioner. Mr Kenneth Clarke imposed the contract in April after Britain's 35,000 family doctors defied the advice of their leaders and rejected it by a three-to-one majority. Mr Clarke dubbed the contract 'work sensitive' because it rewards those who meet targets for cervical smears and vaccination, encourages competition and penalise doctors unable to attract new patients.

The pay poll, among one hundred doctors, found that one in five GP's expect their income to remain unchanged after taking inflation into account. Doctors whose income will fall—one in three of those polled—say that they will economise on holidays, eating out and new cars.

Ninety six per cent of GP's polled said they had worked extra hours since the new contract began.

Christmas Stall

The customary Christmas Stall will be run by the Friends of Guy's Hospital in New Guy's House on Thursday 29th November. It will be open between 11 a.m. and 4 p.m. We will have a wide variety of goods for sale and we hope that you will all come along.

Roman Discovery

The archaeologists from the Museum of London have published a preliminary report on the site unearthed during the building of Philip Harris House. This includes plans of the Roman waterfront to the Guy's Creek which ran through the site of Philip Harris House. Many of the timbers which made up the revetment of the Creek were retained by Guy's after being declared surplus by the Museum and it is hoped to raise some revenue for the new building by selling pieces as paperweights. The timbers are deteriorating fast now that they have been exposed to the air and must be encapsulated in some material to preserve them.

The excavations made a major contribution to the knowledge of Roman London and the staff from the Museum have offered to talk about their work to any hospital groups or societies who are interested.

GP Training

In a recent report the Royal College of General Practitioners says there is 'significant room for improvement' in the way family doctors are trained.

It says training in hospital received by doctors intending to go into general practice bears little relevance to the problems they are likely to encounter later.

More than seventy per cent of doctors interviewed in a research project said teachers overlooked the vital topic of talking to patients.

One consultant said: 'Communication is increasingly by computer. We can teach them to use a computer . . . communication skills, these are something you have or you don't. They are not specifically part of medical training'.

Analyses of complaints against doctors and inquiries into medical accidents show that communication failures by doctors are the single most common source of trouble.

407 Art Club

Members of the Art Club, including undergraduates of the UMDS Art Society, will be holding their winter exhibition in the Studio, Fourth Floor Hunt's House, December 17–21.

Hospital Training Threat

Consultants surgeons have raised fears that the loss of beds in central London teaching hospitals is threatening training for junior doctors. The South East Thames regions higher surgical training committee has begun a review of training posts at King's, where the Royal College of Surgeons is considering withdrawing recognition of training posts.

At St Thomas' Hospital the surgical team has nine beds each. Consultant surgeon Kevin Burnand said consultant's diaries showed that weekly cold admissions has dropped from twenty to five in five years. During the past four years the number of surgical beds at St Thomas' has dropped from 150 to 63, with no reduction in the number of surgeons. Mr Burnand, also assistant director of the surgery unit, said: 'I do not think we will do any cold surgery in the coming weeks, so we cannot train registrars'.

New NHS 'targets'

The NHS will have new 'health targets' to measure its performance in reducing the number of premature deaths from, for example, heart disease, cancer, asthma, and diabetes, Mr Kenneth Clarke told the Tory Party Conference.

A green paper to be published in the new year will propose national targets for cutting death rates on up to twelve illnesses, and local targets for cutting waiting lists.

Unlike general managers, the pay of consultants would not be related to the achievement of targets, but their very existence would have an effect, he said. People would feel exposed to pressure if they were falling behind.

'It's extraordinary that the NHS has never measured results before, and it will put us in advance of the rest of the world,' he stated.

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Retrospect: Learning from Experience

Appreciation of the comic element appears to be a predominantly human activity—few other animals, with whom we share so much, are really up to it; they lack our human self consciousness. Their lives are fundamentally simpler, more instinctive, less introspective than ours; while so like ours in their capacity to become nasty, brutish, and short, they yet differ in possessing less inescapable potential for awareness of their predicament.

We, when we can bear to contemplate it, know all too well our own human predicament. It is after all only the predicament of all life: ultimate, because more aware. Man, unlike all other animals, is a creature that 'can look before and after . . .' By that is meant a creature who knows that life existed before him and will continue after him; and is thus given a glimpse of at least the possibility of transcendent good or evil. But although he can conceive both what is wholly good and what is avoidably bad, in the way in which the world runs, and the living creatures in it, yet he is bound to realise that his own instincts and his own needs are at war with his aspirations towards such goodness. Moreover, this is a war which divides all the forces of instinctual life, and divides them remorselessly and totally. Inescapably, animal life (including human life) cannot continue except by destroying other lives; whether the life of other and less powerful animals, or of plants. The price of life itself is in fact waste, cruelty, and destruction as human beings see them; just as the rewards of life can include love, beauty, and wonder. Animals live out this imperative without guilt or misgiving: we not only know it for what it is, but know also that there is ultimately nothing we can do about it.

Yet why are some of our direst experiences comic? Freud had a word for it. One of his earliest works was '*On the Nature of Jokes, and their Relation to the Unconscious*'. Laborious in execution but enlivened by its discernment, it pursues the theme of the dynamic unconscious mechanisms underlying wit and humour. Throughout the communication of the human race, jokes endorse both the existence and the role of the unconscious as Freud had perceived it. The funniest jokes are often subtle allusions to forbidden subjects. Tension provoked by a taboo is relieved only when that spectre is finally banished: but enough of generalities; now for some examples.

> *'Everything in nature is lyrical in its ideal essence, tragic in its fate, and comic in its existence.'*
>
> *(George Santayana)*

The first was at my expense, the second and third in a similar context but with the victim an enormously prestigious Ward Sister of the now extinct Super Battleship Class, a holy terror among the junior nurses she loved to champion, and traditionally more than a match for any doctor, from House Officer to Consultant, ('Honorary' in those days . . .).

The fourth was a deservedly famous surgeon, and the fifth an excellent doctor who simply erred in asking precisely the wrong question at the supremely wrong moment. The bemused observers were (i) Fellow Medical Students, (ii and iii) Nurses in at the death, (iv) Theatre staff, and (v) Dedicated Nuns (in another country). We can number them like Case Histories in A Serious Treatise:

Case (i) circa 1936—The Ward Clerk

In those days at Guy's, once the basic sciences had been taken care of by a University course and passing 1st and 2nd BM or MB examinations, the clinical students first received a preliminary clinical course, (three month's duration, to fit them for three years in the wards and theatres and ultimately their 'finals'), and then actually entered the wards as the lowliest known form of clinical life—the ward clerk. His/her first three months appointment was Surgical ward clerk, not too taxing, as personal contact with pre-op. patients was relatively slight, although subject to Registrarial and at least potentially Consultant ordeal by presentation on ward rounds. However, more time was usefully spent pushing trolleys to and from theatres and standing (unsterilised but masked and gowned) at a discreet

distance but as a privileged spectator at real operations.

Next came Medical ward clerk; more taxing as history taking was paramount, and consideration thereof on ward rounds penetratingly critical. Our particular ward clerk's first case was a furrier in his fifties, seriously ill with what later proved to be a pulmonary abcess, and shrewd enough to suspect that his formal history was being taken by a junior student, the HP having already summarised the essentials on admission the night before.

When the Family History came up, the patient was determined to impress. His father, he said, was in his nineties, mother eighty-four and he had a grandfather of one hundred and seven still alive and well. Evidence certainly of a robust family constitution. But on the Senior Registrar's ward round the ward clerk was tempted fatally to gild the lily. Recounting the patient's information on this matter he added gratuitously,

'The patient seems proud of this longevity; which is fair enough . . .' He got no further. The patient dragged himself up in the bed and addressed the assembled firm of students and Senior Registrar surrounding his bed, in passionate rebuke . . .

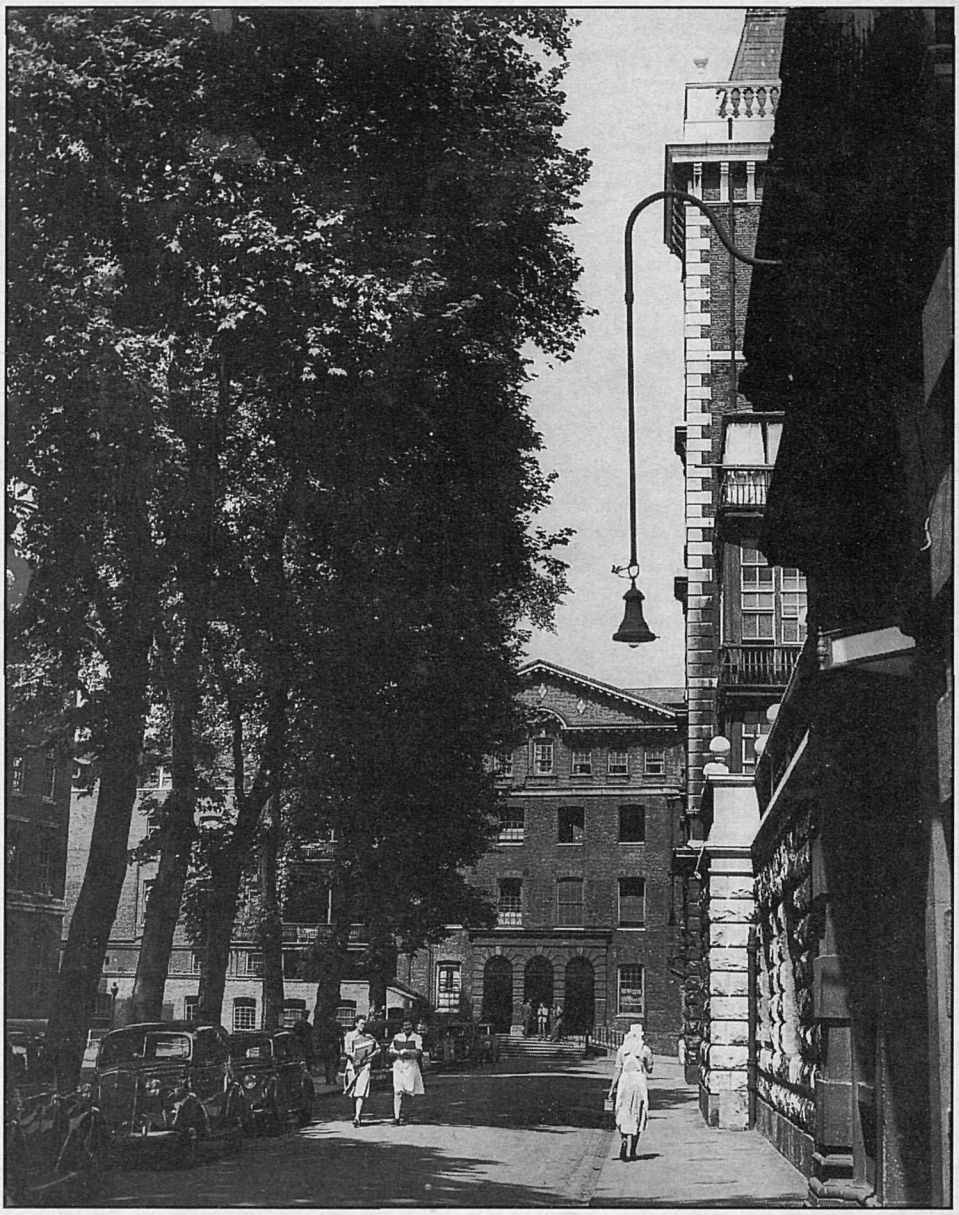
'Who does this wipper snapper think he is to make a cheap joke out of me and my family? For all I know I may be dying.' (In fact he was). 'And that's no laughing matter. Nothing to joke about . . .' Tears trickled accusingly from his eyes. The Ward Sister's and the Senior Registrar's eyes blazed. The patient subsided, wheezing and choking from the effort, upon his pillows. The ward clerk wished the earth would open and swallow him up. We must now leave this agonising scene.

Case (ii) circa 1946—The Ex Service HP and the Battleaxe with the Long Memory

That same ex ward clerk qualified in January 1939, went to Oxford for a Post Graduate appointment, returned to his Teaching Hospital as an HS in July 1939 and then spent six years in the RAF from December 1939 to demobilisation in February 1946, when he returned once again to his Teaching Hospital as an Ex Service HP to a famous Medical firm. The Sister remembered his gaffe of ten years earlier and remained tight lipped. Another patient with an obscure chest condition was admitted in some distress, only partially alleviated by nasal oxygen. At their joint assessment in the immediate aftermath of the patient's admission, the Senior Medical Registrar suggested that there was clinical evidence of a pleural effusion and advised the HP to attempt aspiration.

Asked to provide a nurse and aspiration trolley for this minor but crucial bedside procedure (behind screens), the Sister quietly exploded in her private room.

'You seem destined to upset patients.' She hissed at the HP. 'I don't know what you did during the war, but you evidently learned nothing from it. I won't subject any of my junior nurses or even my staff nurses to seeing you blunder into this—but if you insist I'll bring the trolley myself and keep my eye on every move you make—' He politely insisted. She firmly pushed the trolley with him in her wake, and with



Above: Guy's Hospital, circa 1946

every nurse on the ward witnessing this alarming procession. After extremely cautious and gentle local anaesthesia of the target area for aspiratory exploration, the HP succeeded in removing 600 ml of effused fluid from the patient's chest, with marked relief.

Inserting an indwelling cannular connected to a water sealed gravity pump under the bed, with Sister's expert but wordless assistance, was followed by the procession in reverse to her room, whence the specimen would go to the Path Lab. Shock waves of aghast delight, never permitted on the ward, turned into outright giggling among the nurses when they went off duty and spread the news in the Nurses Home.

Sister was not about to concede what she still regarded as outrageous luck, defying her years of experienced wisdom. Her final considered words to the HP, back in her room after consigning the trolley to be cleared and re-set by her staff were, 'Well you seem to have won a battle; but remember, I'll still be keeping my eye on you.'

Case (iii) circa 1956: Confrontation

The HP has become a Consultant, and Director of The York Clinic. The Sister, mellowed by time but not without bite if provoked, is approaching retirement. Her ward is deservedly a byword in the Hospital. One evening a terminally ill patient with cancer of the lung and trachea is re-admitted for overnight stay until he can be transferred to theatres for a palliative operation which alone can alleviate his distress. He is noisy, coughing and crying out loud, in fear and agony. She instructs her current HS to demand an instant emergency transfer to the Psychiatric Unit: this brings the Psychiatric Consultant to her side for the last time. He appreciates the situation, sees the patient, advises treatment including adequate nasal oxygenation and night sedation, but not yet another transfer (over a quarter of a mile by lifts and underground passages on a trolley to an extra bed in a converted room in his overstretched clinic—further away from theatres). The Battleaxe is adamant. 'He's upsetting the other patients—it's not fair on them, on him, or on me and my nurses—I shall telephone **my** Consultant.'

The Psychiatric Consultant on the spot smiles with weary but sincere regard, 'I'll telephone your Consultant. I've seen the patient, he can be asleep and in peace in twenty minutes if we do what I advise here and he'll be better off that way. Please believe me.'

'But what about my nurses? Why should they have to deal with him? He's out of his mind—you must take him to your clinic—'

'No Sister. There are nurses in your unit who have worked in mine, and in mine who have worked in yours. We can treat him here without moving him and that's what we ought to do.'

We did. No shock waves this time but anxious smiles that turned into sighs of relief when calm was restored: nurses appreciate results. The patient spent a quiet night, survived the operation, but died peacefully without leaving hospital.

'. . . all around attendant nuns were struggling with irrepressible hilarity—a whole temple of taboos were tottering . . .'

Case (iv): Reprise circa August 1939. Theatres

This occurred in the course of a 'no touch' orthopaedic bone graft. The graft was taken from the iliac crest and, after trimming to shape, was to be inserted into a recurrently unhealing fracture of the lower leg—as a last resort before we would be driven seriously to consider amputation. No touch technique was essentially a fiddly business because all the key bits of bone had to be handled with forceps. The famous surgeon cut the graft, the registrar removed and steadied it on a special sterile extension of the table while his chief trimmed it with special chisels and files. When all seemed ready the chief picked it up in forceps to place it in position. Then it happened.

Somehow the precious bit of bone popped out of the jaws of the forceps in transit like a pip squeezed between juicy fingers. Upwards it flew into the glare of the lights, all who dared trying to catch it in their sterile surgical gloves, some still holding forceps, but it eluded us all and bounced insouciantly off the edge of the draped table, onto the floor. The Chief Surgeon retrieved it with his forceps, dipped it into sterile saline, and put it into place. Astounded, dumbfounded, never was anxious foreboding more suppressed but acclamatory. From then on over days and weeks, sterile dressings and plaster gave way to rehabilitatory physiotherapy and eventual total recovery. Finally a miraculously healed patient was discharged from an immensely relieved hospital.

Case (v) The Gentle Touch

And so to the end of this excursion into the past. A long time ago I was a passenger in a car involved in a high speed collision just outside Rome. The driver escaped serious injury but I did not. The details of the accident and of my multiple fractures of ribs and limbs, have long ceased to matter, but cumulatively produced severe post traumatic shock, including serious urinary retention. For over thirty six hours I was totally unable to pass water. Catheterisation was mandatory. Candidly its not an agreeable experience. But when it was over and done, several pints had been withdrawn and the situation was saved. The English speaking doctor moved the catheter rather faster than I could have wished and then turned to me; 'Well,' he said jauntily, 'it wasn't so bad was it?'

'Dottore,' I replied smiling with what courage I had left (not much), 'Have you ever been catheterised?'

'No . . .,' he appeared nonplussed. All around attendant nuns were struggling with irrepressible hilarity . . . a whole temple of taboos were tottering. Sternly suppressed grimaces finally gave way to helpless giggles.

'Well,' I said recovering confidence, 'I hope for your sake you never have to be. But if you do, I hope the doctor who has to do it is as gentle, skilful, charming and successful as you . . .' Suspense turned to joyful relief, while he, appeased and momentarily forgetful of my predicament, warmly embraced my shattered body.

DS-C

'I Wouldn't Recommend it to Anyone!'

A Review of Junior Hospital Medicine

There has been much media coverage tackling the subject of the excessive hours worked by junior doctors. The image of the dedicated but overworked and underpaid junior doctor has become a familiar one. These images are both powerful and persuasive but it is necessary to examine clearly and impartially the issues involved. In this article I have aimed to review the current literature on this subject, to examine the workload of junior doctors and discuss the evidence that excessive workload and hours of work decrease the ability to practise medicine.

Analysis of workload

A survey was conducted in 1990 to assess the workload of preregistration house officers in the four Thames regions by means of a postal questionnaire sent to 1064 house officers in both teaching and non-teaching hospitals. The response rate to this survey was 70%. Despite the Department of Health's policy 1982 to eliminate rotas more onerous than one in three, about one in 11 respondents was working one night in two, which produced feelings of despair in some house officers. A further third of house officers worked a one in two for some weeks of the post. Only a quarter of house officers worked a one in four rota or better. Much time was consumed on tasks devoid of any educational value, such as organising admissions and investigations, chasing results or taking blood samples and packing specimens. Only five per cent of house officers thought that they spent a reasonable length of time on this, and sixty two percent thought that it was excessive or grossly excessive. Twenty percent of respondents reported that they were almost invariably prevented from attending meetings by clinical commitments, and only six percent responded that clinical commitments never prevented them from attending educational sessions. This survey would, therefore, indicate that the need to provide a service to the hospital may mean that the educational value of the post is compromised.

'There are no regulations defining a reasonable time of duty or workload despite pro posals to limit the number of hours worked'

Existing guidelines limit doctors' time on call to one in three rotas but do not stipulate what work can be performed when they are not on call. There are no regulations defining a reasonable time of duty or workload despite proposals to limit the number of hours worked. The periods of duty of transport drivers and aircrew are controlled strictly in order to minimise the adverse and potentially dangerous effects of fatigue. In order to put doctors hours into perspective a study was performed at Sheffield District General Hospital to examine the effects of applying these same limitations to medical practice. The results from this study showed that to cover the work of six junior anaesthetists on an annual basis would require 26 doctors if they were working within the Civil Aviation Authority's guidelines. The conclusion of this study suggests that it would be foolish to assume that junior doctors are not similarly affected by excessive fatigue, and that the medical profession should define rules similar to those of the Civil Aviation Authority to prevent junior doctors having to work unsafe numbers of hours.

Although this article undoubtedly highlights a less than acceptable situation, a comparison between aircrew and anaesthetists may not be valid as aircrew are working under entirely different conditions, and are presumably subject to different patterns and levels of stress; stated simply it is not comparing like with like. Moreover, there have been very few reports of tired doctors giving inadequate care, although this may be because such cases are underreported.

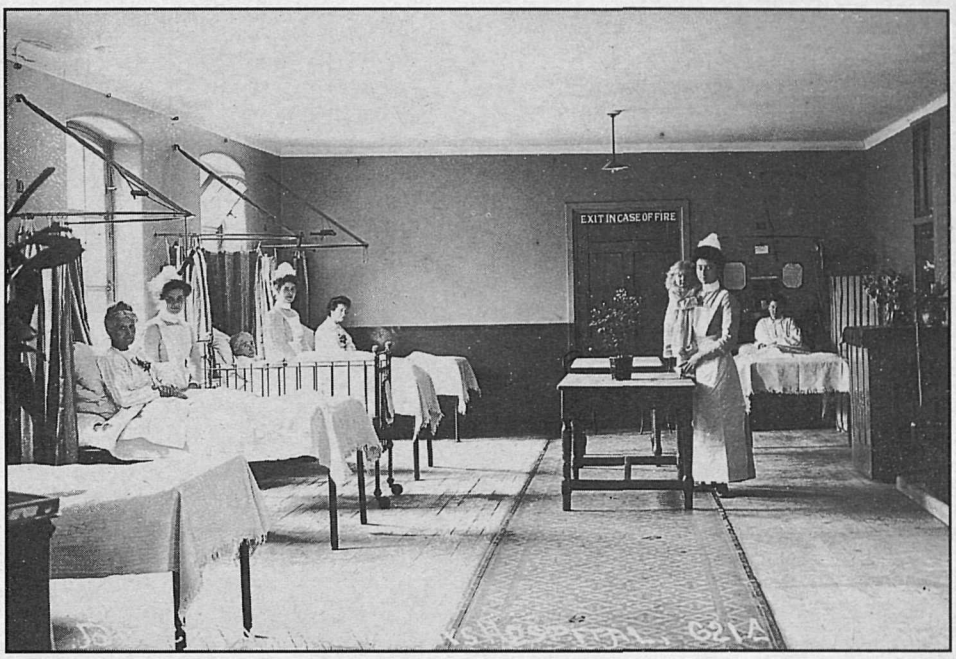
Adverse effects of excessive hours of work

The effects of long hours of work by junior doctors are the subject of growing concern. The practice of working

duty rosters entailing working continuously on consecutive days, typically with reduced sleep and sometimes no sleep, has been said to encourage self-reliance, affording both wider experience of clinical conditions and providing necessary experience in dealing with emergencies under sub-optimal conditions. Although these explanations seem valid, the risk to patients increases when errors are made by tired doctors, who lack agility in making decisions due to a slowing in cognitive functions. The personal lives of the doctors are also compromised, which may lead to psychiatric problems and broken marriages. Furthermore, it is the attempt at self-treatment which often leads to drug abuse and related problems. It has been said that 'physicians, in short, are destroying themselves at twice the rate of the population they want to keep healthy'. These issues are becoming more pressing as demands grow owing to the exacting requirements of modern technology, as the number of malpractice suits increases, and as pressures mount to treat and discharge patients more quickly.

Despite the urgent need for definitive work in this area, current research is both sparse and inconclusive. A review of the literature suggests that behavioural and phsychomotor performances show decrements with sleep deprivation. It is well known from these studies that tiredness has minimal effects on tasks which are of high intrinsic interest and are intellectually challenging. Tiredness is more readily disclosed by simple, monotonous tasks, which tax powers of sustained concentration. Difficulty arises in extending these laboratory findings to the 'real world' practice of medicine. Since this involves tasks that are both of high intrinsic interest, and also those of a more monotonous nature, it seems reasonable to assume that patient care would be compromised by tiredness.

If behavioural tasks have a tendency to show a decline with tiredness, psychological and emotional parameters do so even more consistently and dramatically. Several studies have shown increases in depression, hostility, anxiety, tension, confusion and fatigue with sleep loss. Concurrent decreases in friendliness and a tendency for the development of group insulation and the use of in-group black humour has also been noted. These effects should not be ignored, for they may not only affect attitudes towards patients, but may also influence interpersonal relationships and the efficiency of a team. In conclusion, the reduction in cognitive performance combined with the adverse changes in mood show less than desirable conditions for personal well-being and the practice of medicine.



Above: Times have changed

The Policy Studies Institute study (1988), based on interviews with 640 men and women doctors who had qualified between 1966 and 1981 showed a welter of depression and pessimism regarding career opportunities and conditions in hospital medicine. 'Medicine is no longer a desirable profession to be in and I wouldn't recommend it to anyone' were the words of one SHO, whilst another stated 'No-one in their right mind now will go into hospital medicine if they have an option'. Junior doctors were disillusioned with the role played by the consultants who 'sit back and take the candy', the lack of career guidance, having to move around the country and scramble for jobs, the realisation of the length of postgraduate training, the lack of flexibility in career structure and poor job prospects. Although undoubtedly a reduction in the hours worked by junior doctors would go a long way to improving morale, this survey suggests that it is time to look very closely at all the demands and constraints placed upon junior doctors.

In order to improve this situation several recommendations have been proposed:

1) A regular review of manpower ceilings, with the specific aim of helping to remove onerous rota commitments.
2) An expansion in consultant numbers concomitant with an increase in SHO numbers to improve career balance. In addition, a significant change in consultant working patterns, with consultants being involved more directly with patient care.
3) A streamlining of the process involved in rationalizing the number of sites that need staffing to produce a more cost effective pattern of services.
4) Colleges and faculties need to review their educational requirements to give a more flexible programme in line with technological change and modern work practices.
5) The government could turn its long term aim of a 72 hour week into

legislation. This idea is not being entertained at present, despite a statement in the government's Self Governing Hospitals: an initial guide that self governing hospitals would be expected to comply with the government policy relating to the number of hours for which junior hospital doctors may be employed.

6) The Review Body on Doctors' and Dentists' Renumeration could continue it's attempts to price long hours out of the reach of employing authorities. In 1988 it fixed penalty rates to hours worked in excess of 104 a week, and in 1989 it reduced that threshold to 96 hours. Next year the threshold could be reduced to 72 hours per week and if this does not work the size of the penalty could be increased.
7) Introducing a shift system would mean that doctors could work harder for shorter periods. Intensive care units, neonatal units and some departments of obstetrics and gynaecology have already successfully implemented this.
8) Juniors' time on duty could be used more efficiently with more cross cover, provided that this does not result in excessive workload. This may be prevented by providing cross cover after midnight when there is a fall in workload. Another shortfall is that cross cover may not easily be provided for smaller specialities, which may only be staffed by two SHO's and one or two consultants. Patient care might also be compromised in cases where a doctor was covering a speciality for which he has no training and probably little knowledge.
9) Sharing workload with other members of hospital staff—for example, nurses and midwives, ward clerks and secretaries, could free junior medical staff for genuinely medical work.

Concentrating on recent figures that show junior doctors contracted for a weekly average of 82 hours obscures the progress that has been made in recent years. One in one rotas have been outlawed and attempts made firstly to eliminate one in two and then rotas more onerous that one in three. Together these initiatives have brought down the number of hours worked each week from the upper 80's a decade ago.

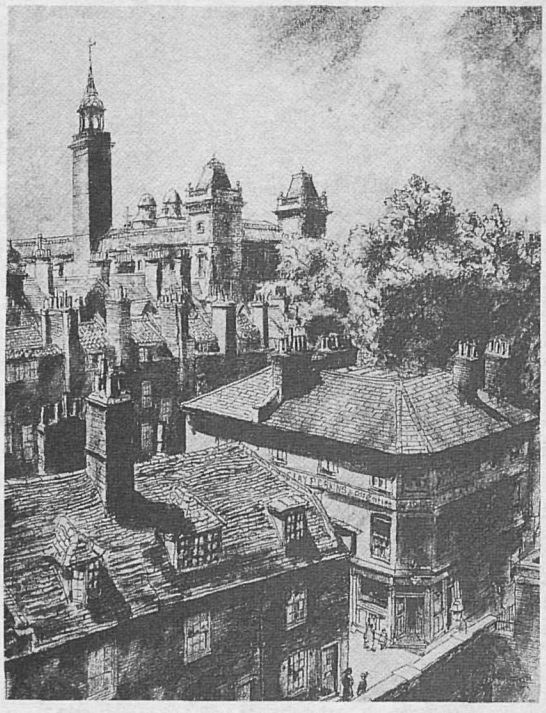
Junior hospital staff still remain angry and frustrated, though, at their continuing long hours of work. The annual conference of hospital junior staff voted for a postal survey of it's constituents to see whether they were in support of backing some form of industrial action. The forecast, at present, is that doctors would be unlikely to take action that would harm patients. After all, 'it was in the interests of patients that juniors wanted to reduce their working week to 72 hours.'

The BMA claims that junior doctors are working an average of eighty four hours every week. Armed with these figures, they sent a questionnaire to its twenty three thousand junior doctor members on 10 October to assess the support for industrial action. Stephen Hunter, the new chairman of the BMA hospital junior staff committee said that it was highly unlikely that doctors would call for an all-out-strike, after all 'it was in the interests of patients that juniors wanted to reduce their working week to seventy-two hours;'

SCD

Gazette Christmas Cards

Gazette Christmas cards are now available. The first (shown opposite) portrays the painting 'The Ship and Shovel' by Hanslip Fletcher. The second (shown on the front cover of this issue and subtitled Christmas Greetings) depicts Guy's Hospital main gates. Both cards are printed in black and white and measure approximately 5½" by 8½". The price is 35p per card, plus 70 pence postage and packing. Personal callers welcome.



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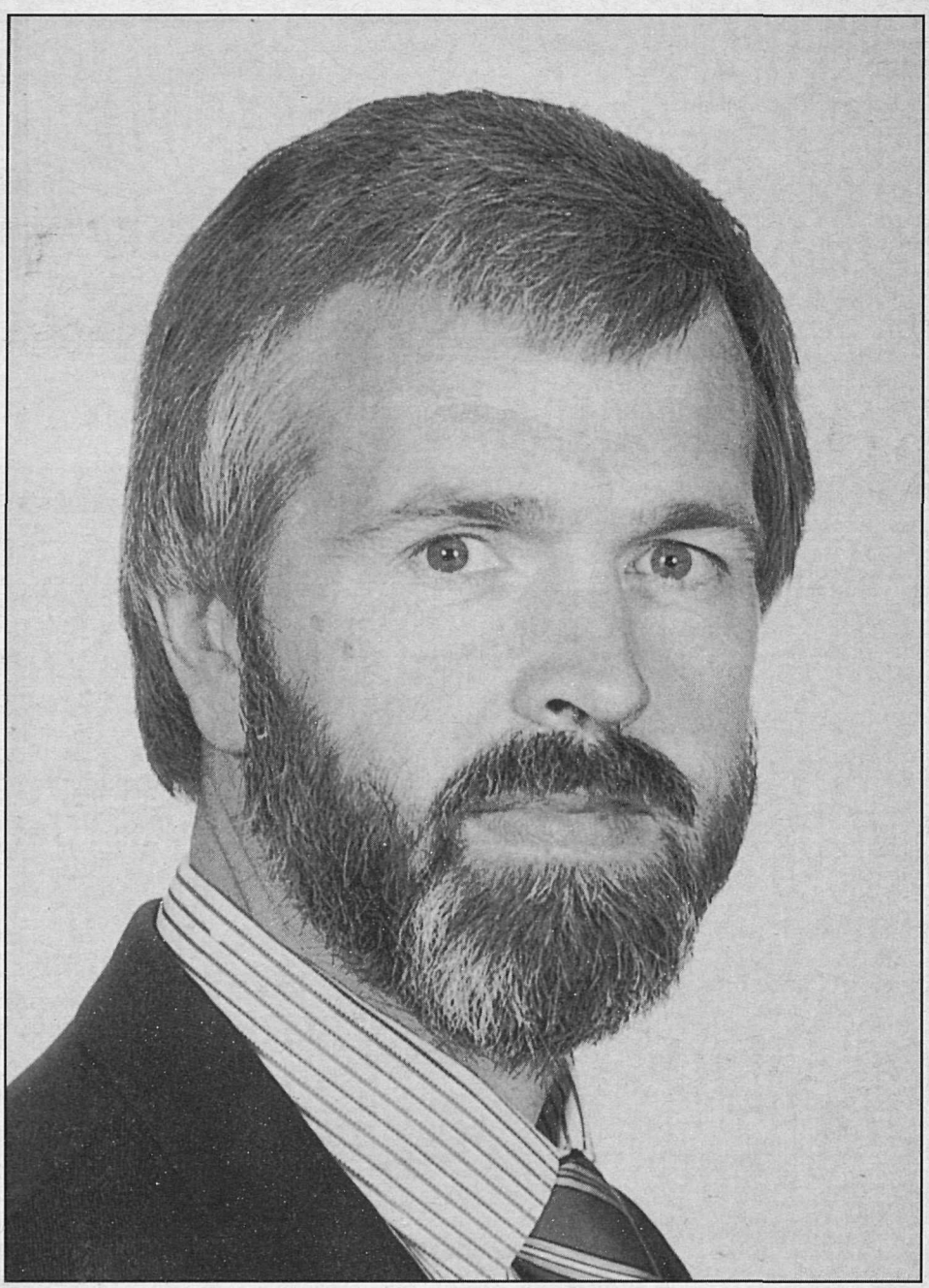
HIV and The Oral Cavity

An interview with Professor Challacombe



The Dental School at Guy's is the largest in the country and was ranked amongst the top three in a recent University Funding Council report. In the same report its research grading was raised from a C to a D grading; this promotion was based on the Dental School's research output of the last three years and has resulted in an increase in its central government funding since part of the funding of all medical and dental schools is now based on its research assessment. A considerable figure in this success, both academically and physically, is Stephen Challacombe, the professor of oral medicine at Guy's. The number of staff in his department has doubled over the last few years and it has an excellent reputation at home and abroad. As head of the department, Professor Challacombe has three main areas of responsibility; clinical work, research and teaching. I spoke to him recently about the work in his department and the recent success of the Dental School.

'In terms of the number of patients seen each year, this is probably the largest department of oral medicine in the country. Oral medicine, or stomatology, is a very exciting and important field of study, especially with the continued spread of HIV and since so many systemic diseases affect the mouth (or have oral manifestations). We are currently treating more than one hundred and forty HIV-positive and AIDS patients. This represents a large and costly work load, but the District Health Authority regard us as a national, or at least multi-district, speciality and so we have not received funding from them. Unfortunately, nor do we receive money for this work from the Regional

Health Authority, since they consider it the District's responsibility. However, I am hopeful that this problem will be resolved shortly.'

In 1989, the Oral and Dental Research Trust, under the auspices of the Dunhill Medical Trust, gave £250,000 to establish, at Guy's, a UK centre for the study of the oral manifestations of AIDS under the direction of Professor Callacombe. A combination of factors, including the prevalence of AIDS and HIV infection in the London area and the acknowledged expertise in oral medicine and pathology in Professor Challacombe's department made Guy's a logical choice of centre for the research project. In the unit a team of research workers will study three main aspects of the oral manifestations of AIDS. Firstly there is the epidemiology of these manifestations, secondly the study of several specific oral infections associated with HIV infection themselves and thirdly the effect and role of mucosal immunity.

In studying the epidemiology of the oral manifestations of AIDS, Professor Challacombe will be maintaining links with other centres of oral medicine in The London Hospital, Bristol, Sheffield and Glasgow. The results of these important studies will be compared with those from other units in Europe and North America to determine any geographical differences in the oral presentation of AIDS and HIV infection.

I asked Professor Challacombe why he considered these studies so important: 'There are two main reasons why the relationship between HIV and the mouth is important. The first is that there are now more than forty reported oral manifestations of HIV infection and so both the medical and dental professions should be able to recognise these. Secondly, they may appear in the oral cavity many months, or even years, before any systematic manifestations of AIDS. Oral medicine is very important in this regard, and I think it has a major rôle to play in the long-term treatment of these patients. We are contributing to the WHO committees which are defining the lesions associated with AIDS and their significance in terms of treatment and prognosis. For example, in the UK the mean time for the switch from HIV infection to AIDS is approximately eight years. However, ninety per cent of HIV-positive patients with hairy leukoplakia progress to full-blown AIDS in just two and a half years. The lesion is therefore associated with a rapid progression to full-blown AIDS, and its presence may be an indication for AZT or other therapy'.

The study of mucosal immunity is crucial in AIDS research because most patients with HIV infection have acquired the virus through a mucosal route. The mouth is an accessible site for the study of mucosal protective mechanisms and has reasonable structural similarities with mucosal sites at other sites in the body. Mucosal immunocompetence is clearly compro-

Guy's Hospital Gazette

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mised by HIV infection. Professor Challacombe is a world expert on mucosal immunity and he and his team are examining the effects of HIV infection on local mucosal immunity.

'I think that we are in a unique position here at Guy's to investigate the effects of HIV infection on mucosal immunity. In terms of HIV infection, mucosal immunity is very important but we are still at the stage where we know neither the sequence of events nor its effects on local immunity. We do know that the secretory immune response is dependent upon T-lymphocytes, and that this cell-type is profoundly reduced in AIDS patients. We also know that antigen presentation at mucosal surfaces is important and directly linked to the mucosal Laugherans cell and that the number of these cells too is diminished in AIDS, but the precise sequence of events is still not known.'

Obviously if HIV infection is to be effectively controlled or prevented, the pathogenesis of AIDS must be clearly understood and this is a subject of intense research within the department. 'One of the effects that HIV infection has is to leave patients susceptible to infection by Candida; HIV patients frequently have a very specific type of Candidiasis that is almost diagnostic of immunosuppression. One of the things we are trying to do here is to examine the relationship between Candida and changes in local immunity.'

The department does not concentrate its research efforts solely on HIV and AIDS. For example, Dr Morgan, an expert oral pathologist, is using cytokeratin gene probes to elucidate epithelial changes predictive of oral cancer. Other workers are studying the development of the mucosal immune system and the processes of oral tolerance. Oral tolerance was first reported by H G Wells in 1911. He noted that newborn mice repeatedly fed with oval-bumin developed immunological tolerance to the protein, as they did mount an immune response when it was subsequently injected. The observation was considered of little practical importance, but is now being widely investigated and it may help to explain why the vast majority of adults are immunologically unresponsive to the three quarters of a ton of food they each consume every year.

I asked Professor Challacombe whether he considered that oral medicine and mucosal immunity should become part of general medical training.

'I think that it is very important that medical students are taught oral medicine. Since the government abolished free dental checks many people with oral symptoms visit their general medical practitioner rather than the dentist. The oral cavity often mirrors disease in the rest of the body. Dentistry is not just about teeth but the whole oral cavity and I would expect dental students to be able to recognise and name correctly at least thirty different types of mouth ulcer. However, very often doctors classify any mouth ulcer seen as an aptituous ulcer, and as a result many important oral and systematic diseases can remain undiagnosed. This is appalling, especially when one considers that almost as many people in the UK die each year from oral cancer as die from cervical cancer and yet for oral cancer there have been no initiatives comparable to the cervical screening programme. Many members of this department, including myself, lecture at BMA and BDA meetings in an effort to ensure that oral diseases are correctly diagnosed.

'I also think that mucosal immunity is not adequately taught at undergraduate level. Its importance in medicine is emphasised by the fact that, for example, gastroenterology, respiratory and genitourinary medicine are all fundamentally based on the study of mucosae.'

Finally I asked Professor Challacombe why he thought that the Dental School had been so successful.

'Much of the credit for its success must be given to the Dean, Professor Rowe, whose retirement next year will be a great loss. During his Deanship, research groups have been set up which have led to much more interdepartmental collaboration and really made better use of our facilities. We have also had the example of Professor Lehner and his team who have shown what can be achieved nationally and internationally with the right competitive approach. There is a great deal of interaction between the departments and research within the school generally takes two forms: clinically applied research relating directly to the oral cavity and also basic research as an adjunct to this. In this way each department has built and maintained an international reputation for excellence in both dentistry and basic scientific research. I count myself very fortunate to be part of such a good school.'

Professor Challacombe originally trained at Guy's in dentistry, after which his interest moved more into research and the fields of microbiology and oral immunology. He was awarded a personal chair in oral medicine in 1989.

TAP

More Inane Musing

From Our 'Achingly Funny' Correspondent

On his death bed, my great uncle said to me 'Joshua, go out there and be someone. We Rubensteins are a proud family. Make us proud of you'. I have no idea what he meant by that, since my name has never been Joshua, and the only Rubensteins we knew sold salted fish at the local delicatessen. Nevertheless, I have been striving since then to give meaning to my life (to date my life has no meaning to anybody except the librarian at Guy's, who was forced under the new scheme to amputate two of my digits for returning a library book ten minutes late).

I suppose medicine adds meaning to one's life. You can tell how valued we are by society. Why, last week I got a slinky from a drugs rep. A friend of mine working in the city was given an XJS, but me—I got a slinky. (I was full of childish delight, of course, when I got it, but this is quite besides the point). What does it do? Well, it goes downstairs. One can hardly cruise round town in one's new slinky impressing the pretty ladies, but give me some stairs of the correct width and the dames won't know what's hit them.

But even before you can get the slinky into your hot little hand and cause it to make its way downstairs at London Bridge underground, you must take the way of Zen, the third way—you must listen to the drugs rep.

Usually: Walk in, catching my stethoscope on the doorframe, whilst the rep is in the middle of a sentence ' . . . all the other drugs for this condition will make all your limbs auto-amputate, whilst clinical trials show that Exaggerate™ 500 makes you a couple of inches taller, live twenty years longer, and able to play the violin . . . '

The next form of penance for your chicken tikka sandwich is the video. Statistical analysis shows ($p < 0.05$) that drugs reps are less able to find the 'PLAY' button on a video recorder than the rest of the population. Once it begins, amidst a flurry of consultants who have spotted their chance to split as the lights go out, we see Mrs Maureen Average, representing the clueless punter, pretending to have an attack of biliary colic. Cut to Dr Limelight at his desk, balding head covered by thin wisps of 'Bobby Charlton' hair and hands still sticky with Grecian 2000. He contents himself with a few rational statements for a drug just like Exaggerate™ 500 before self-consciously continuing his pressing clinical duties, which always seem to involve him scrutinizing a completely normal chest X-ray.

Next, as everyone is trying to catch the light on their watch, a graph summarizes the state of play, and suggests that by next year every man, woman and child will be sprinkling Exaggerate™ 500 on their cornflakes in the morning. Still, it's quite funny to see housemen, for the first time ever, willing their bleepers to go off.

I tried to think of some other perks of medicine, but I couldn't get past '1. Sometimes can get a night's sleep' before a consultant with an electric cattle prod tried to get me to address myself to a question he had already asked me three times. Another perk springs to mind, though, '2. Doesn't have a proper social life', which in my case is quite a handy excuse. Any other ideas on a postcard please.

AMS

Pink Pages

Newspapers nowadays seem to be the modern version of the stone tablets Moses brought down from Sinai. At least this is true insofar as one can often find out more about the management of the institution where one works than can ever be learnt inside the establishment. Newspapers also alert us to the sorry financial plight of many nurses and others within the health service. Our sister hospital, and of course part of UMDS, upstream, has found itself in a worse situation than ourselves. If London's evening paper is to be believed patients will wait forever to be admitted to St Thomas's. About 50 nursing posts are expected to be lost soon, and if this same paper can be relied on, many of these nurses were in tears when they heard the news.

This is hardly surprising. Nurses are upset when they hear patients will suffer, especially when they are trained, eager and ready to care for them. Only the government is to blame for failing to come up with the funds to enable them to continue the job. According to a 'leaked' document the Minister is

prepared for the DoH to receive less money than he reckoned was needed: no resigning here.

At Guy's we have also seen some further call for belt-tightening—announced half way through the financial year, though apparent to all, except the centre, long before—and although nurses will not be made redundant, they have been redeployed. Nurses, patients and the health of the nation are all at the mercy of the government's tight fiscal policy. We read a lot about the government's decision to join the EMU—I think nurses know another term, perhaps more appropriate, for this abbreviation!

Nurses nationally have lodged a demand for a thirteen percent pay rise from next April. Two points can be made regarding this request. Firstly, knowing that demands are never met in total, nurses will be lucky to keep salaries in line with inflation, currently running at over 10%; secondly, this government will presumably again refuse to properly fund whatever award it agrees to. This means nurses will be told they are guilty of reducing the amount of money actually available to treat patients.

Meanwhile, health care professions become a field where knowledge of business acumen is daily more appropriate than medical and nursing qualifications. This sad state of affairs must account for the rumours that the BMJ is about to acquire a centrefold of pink pages. Let's hope the FT is not so fussy about this as it was about the *Evening Standard* innovation.

Other methods are employed to keep our ailing hospitals afloat. Every exit from London Bridge station has at least one poster appealing for GOS, with that sorrowful blue tear on a child's cheek, and the rattling tins of collectors for one hospital cause or another never seem to cease as passengers—whoops, customers—pour from the trains. Our own centre is also employing two methods to overcome this dilemma. Firstly, by introducing all means of business and resource management into the hospital it hopes to balance the books. Secondly, by exporting this expertise, through doctors, nurses, midwives and managers, to gain out of a training deal with Saudi Arabia. Get a job with South East Thames Medical Enterprises, claim the ads, and you're guaranteed a job at Guy's as a nurse on your return from Saudi.

With timing almost as impeccable as the captain of the *Titanic*, some of our best staff are about to embark on a short career in the Middle East. I have known many nursing staff who have spent time in Saudi, Iraq, Kuwait and elsewhere in the Middle East; they have made a good profit.

But the totalitarian nature of these regimes has been highlighted by the current situation in the Gulf, and the arms trade our country has been embroiled in has come home to roost. Is this the time for traditionally peace loving professionals in nursing etc. to transfer, for pecuniary gain, to the Middle East?

Nurses would not be expected to care for war wounded we are told. What? Will nurses actually refuse to care for a particular category of patients because of the manner in which their ailments have been inflicted? This is the start of a very slippery slope, and one which I hope any nurse with a sense of responsibility towards patients would not slide towards. Money may make the world go round; let's hope it doesn't stop it.

Denis Cobell

PHYSIOTHERAPY NOTES

All Change at Shepherd's House

In May 1989 I wrote about the changes in Shepherd House. The second phase is now in progress. Hopefully at the end of the year the OTs will no longer have to negotiate the physiotherapy department with their patients en route to cook curry and cakes in the kitchen. They will have a re-sited kitchen and a splint-making room in the basement and the physiotherapy department will be re-instated more or less as it was pre 1972. The only difference being that it is now but one quarter of the 1972 size.

The Basement Gym (Which has seen life in many forms—old fashioned P.T. and vaulting sessions in a Gym equipped with wall bars, ropes, beams and vaulting boxes; patients' re-hab., classes for back, shoulder, knee and ankle problems; Neurological Rehabilitation pre 1982 and an obstacle course for patients learning to use their new legs)— has now been closed and past memories are shrouded in builders' dust. The more recent lunch-time and after-work activities of shape-up and aerobic classes have moved to the 1st Floor Gym.

As I work in my office the noise and vibrations of the knocking down of walls and fierce drilling makes me feel as though I am about to drop down into the depths of the basement. On occasion I have to move out so that sanity and conversation can be preserved.

These subterranean activities will result in the new fitness centre which will hopefully attract staff and others to sharpen up their muscles and general fitness. This is another whole new look for Guy's. The entrance will be across a new garden path in front of the Nurses Home. (I hope it will not disturb the rose bed) It will lead down a steel staircase into a glass corridor which is to be erected in the south moat of Shepherd's House. Final plans have yet to be made concerning the use of the

facilities at certain times by the physiotherapists for/by and with their patients.

Other changes have occurred this term. Everyone must know by now that there are no 1st years this year. The School is really on the last two laps of its history.

Instead of 1st years the School is sharing its space with the Operating Theatre Technicians (ODA course) who have an office on the 3rd Floor and a classroom on the 1st.

St Thomas' School of Physiotherapy is also on its last two laps home into oblivion. The two schools are forging closer links for these next two years. Some classes may be shared and some St Thomas' students will gain their clinical experience in Guy's. They will come in pairs to practise physiotherapy in most of our services, thus closing the gap of healthy and good humoured rivalry that has existed since the schools began. Thomas Guy would be pleased to see the two Hospitals work more closely together since it was as governor of St. Thomas' that he conceived the idea of his own Opus Magnum. The UMDS is now a good few years down the road of unity. It is a pity that it should be adversity that triggers off the move towards closer working relationships and a pity that we have only two years to run. I wish the students many happy days and a very fruitful friendship with the other place along the river.

Diana Innocenti

John French

John Maurice French, formerly reader in the department of medicine in the University of Birmingham, died 30 June. Born 20 April 1911; he studied medicine at Guy's Hospital (MB, BS 1939). During the war he was commissioned in Indian Medical Service (1940–6), where he was graded physician 1941 and medical specialist 1943. He was the Mackenzie Mackinnon research fellow of Royal College of Physicians 1955–8.

'Jack' French was a physician whose career was devoted to research. The foundation for this was laid in India during the war, where he became fascinated with the aetiology of tropical sprue. On returning to England he became a research fellow at the University of Birmingham under Professor A C Fraser, an authority on fat metabolism, and he later became a reader in the department of medicine at the Queen Elizabeth Hospital. His original contributions included radiological studies of the small intestine and studies of the effect of a gluten free diet on adult coeliac disease (then called idiopathic steatorrhoea and regarded as a separate condition), absorption of fat and other substances in the small intestine, the cause of the Zollinger-Ellison syndrome, and porphyrins in faeces.

Research can be carried out by filling up forms for others to do it, but Jack did it himself. He knew every technical detail of his laboratory and was often seen in the corridors of the hospital carrying cans for faecal fat balances himself, for his skill was sought widely by colleagues. He was likeable and modest and had a ready sense of humour; his kindness to so many— from porter to consultant and patients— went unnoticed and was unrelated to self interest. His interests were outdoor ones: when younger he had enjoyed sailing, and after his early retirement he pursued his interest in horticulture. He is survived by his wife, Mary; three daughters; and a son, who is a general practitioner in Vancouver.

CH

Biennial Dinner 1990

The Biennial Dinner was held on 5 October at the Connaught Rooms. Dr J C Houston, CBE was in the Chair. The organisation of the dinner this year was taken over at short notice by Mr Max Rendall who was complimented and thanked by the Chairman for his excellent organisation. About 150 guests came which is substantially fewer than most years but this was due in part to the fact that many people had failed to indicate that they wanted to remain on the mailing list. Mr Rendall will be reviewing the organisation of the dinner for the future but it is worth remembering that the next one will be on the first Friday in October 1992. On this occasion the food was really excellent and in spite of the relatively small turnout it was a very good evening. Among notable participants was an 87 year old at the top table who was complaining that he could not see many of his contemporaries; Lord Butterfield, Chairman of the Council of Governors of the UMDS and seated amongst some of his old rugby playing friends, the President of the Royal College of Surgeons, Terence English.

REVIEWS

Geriatric Medicine—Student reviews A.M. Blackburn Heinemann Medical, First Edition 1989 pp 181 soft cover. Price £10.95

This is a good introduction to the care of elderly patients which students will find both clear and easy to read. The author has wisely restrained from attempting a comprehensive medical text and has successfully concentrated on emphasising important features about the elderly as well as the principal differences between medical aspects of young adults and elderly patients.

The scene is set in early chapters by a description of demographic and sociological aspects, which are followed by an appetising summary on theories of ageing.

Differences in management between the young and old are then discussed and the role of a rehabilitation team described. Perhaps one criticism here is that the section on altered presentation of disease in the elderly is rather limited. This is a fascinating and important area clinically and one imagines students would prefer to have a rather more thorough description within one section rather than having to dig deep into the book before getting a real feel of disease presentation in this age group.

The author then describes the major elderly medical giants. A number of other topics of great interest are included, such as medical aspects of orthopaedics, terminal care and legal aspects of mental disorders. Advice is also given about the training necessary for those wishing to specialise in geriatric medicine. Unfortunately continuing care does not get a mention, perhaps a sad reflection of the changes that have occurred in elderly care over the last few years as a result of the Government's policy of promoting the private sector.

In a book covering such a wide range of medicine it is unlikely one would agree with all its contents; at times a little more detail could have provided greater stimulus; some important causes of various conditions are omitted, for example faecal impaction and bladder distension as a cause of acute confusion; also, there are occasional presumed misprints such as peptic ulcers being included as part of the large bowel and the comment that autoregulatory mechanisms for cerebral blood flow normally require a mean systolic arterial pressure of 80–90 mmHg.

These reservations apart, this book does provide students with a good overview of elderly care and can certainly be recommended

R R Lewis

Macleod's Clinical Examination. Eds J Munro & C Edwards, Churchill Livingstone, 8th Edition, soft cover.

There has been a rush of new books on clinical examination recently, with a tendency to enlarge the number of illustrations. Macleod's Clinical Examination has a long established place in the field and the eighth edition comes just four years on from the last. There are few great new advances in the techniques of examination and it is perhaps not surprising that most of the book has a familiar look to it. This is the first edition without Dr J Macleod as editor but the title has had his name added to acknowledge his earlier contributions.

Although the title refers to clinical examination the first three chapters deal with the history, the psychiatric examination and the analysis of symptoms and signs. For a medical student starting off, the sections on the history are rather short on useful information on effective commnication and how techniques can be developed. Difficult areas such as the sexual history are glossed over. There is little in these sections to help students understand the processes of diagnostic thinking and ability and to see how these develop with experience and influence the history taking. Information on note keeping appears in an appendix, unfortunately little emphasis is given to the use of problem oriented medical records, certainly not enough to use them effectively.

A few old favourite mistakes such as 5g/dl reduced haemoglobin for cyanosis are repeated from earlier editions. Despite this the next page tells us that central cyanosis can be seen at oxygen saturations below 80–85% which suggests that there are a lot of polycythaemic Scots about.

Chapters on individual systems provide reliable accounts of the examination techniques. They also contain brief sections on investigations relevant to the system. Some new information has been added although these sections could be expanded to give a more complete approach to practical problems. Each chapter ends with a section on 'The methods in practice'. Some chapters such as the cardiovascular take common problems, cardiac failure, systolic murmurs etc, and bring together information from earlier in the chapter in a useful practical way. Others choose to introduce a more distinct new topic such as the examination of the injured chest or the acute abdomen.

Macleod's Clinical Examination has stood the test of time as one of the best available books on clinical examination. It retains its place with this new edition but it is wearing a rather dated look. It would benefit from more radical changes with improved and more widespread illustration together with an expanded section on communication and diagnostic processes.

John Rees

Guy's Hospital RFC

Guy's First XV v Old Colfeians Second XV
Won 43–12 Setember 1990 HOP
The new Season, the 147th, began with a fit squad and high hopes, but with mixed results on the pitch.

The first XV's opening game, against Old Colfeians seconds, was evenly contested in the first half; most clubs had played the previous Saturday and so were already match hardened. However, Guy's turned the game into a rout in the second half and pulled away to a convincing 43–12 victory, with tries from Captain-for-the-day Greg Ryan (2), Richard Docker, Richard Breeze, Matt Rose, Graham Bevan and from gin-loving newcomer Bill 'Best No. 8 in Britain' Murphy, playing at lock.

Guy's First XV v Blackheath Second XV
Lost 21–4 September 1990 Away
On the following the oldest rugby fixture was again staged, although Guy's now play Blackheath's second XV. Guy's were made to work very hard in tight and loose and the team responded with a determined performance. Early in the second half a try by Bevan cancelled out Blackheath's first half lead and this stalemate was continued until only twenty minutes of the match remained. Here fatigue affected the Guy's defence and resolve and the constant Blackheath barrage resulted in three quick tries. In the last five minutes Guy's rallied, but were unable to alter the 4—21 score-line. The Guy's side received praise from spectators and the referee, but this couldn't dampen the disappointment of losing a game that was there to be won.

Guy's First XV v Old Emanuel
Lost 21–3 September 1990 HOP
This gave Guy's heart and it was hoped that experience of a hard game would put the team in good stead for the seasom's first Courage League fixture the following weekend. Guy's disrupted Old Emanuel from the start and didn't let them settle. The forwards held their own (Mistlin winning three against the head) and the backs looked sharp. A try from Ross Llewellyn early in the second half added to Roy Cunnington's earlier try and gave Guy's a 13–4 lead. This two score margin made Guy's feel comfortable and this almost unperceivable slackening gave Emanuel hope. As on the previous Saturday, the opposition put on 17 points to take a 13–21 lead and despite a Guy's revival, it was too late to alter the score-line.

Guy's First XV v Osterley
Won 56–0 September 1990 Away
The Osterley fixture was viewed by Club Captain, Jeremy 'Wocka' Worth, as an opportunity both to reappraise his team and to play a game himself. The Osterley side was somewhat 'scratch' and it was only when the Guy's second team arrived at Osterley that the home club announced that they could raise only one side. Osterley were duly punished, Guy's running in 12 tries in the 56–0 win. Tries were scored by Roy (2), Bevan (2), Breeze (2), Ross, George the Greek, Bill, Matt and two other people. Steve Lewis managed the odd kick.

October will be a tough month with each of the four Saturdays filled with Courage League fixture. It will be make or break for Guy's and will determine whether Guy's have a chance of winning the league. there is no London Hospital in a higher league than Guy's and the club would appreciate support, particularly at home fixtures at Honor Oak Park. Below is a list of the remaining fixtures before Christmas:

December

1st	Old Cranleighams	H	2.30
4th	Esher	A	
8th	Met Police II	H	2.30
15th	Old Millhillians	A	

Geraint Thomason
GHRFC PR Officer

Guy's Fifth XV v Old Dunstonians
Lost 16–10 September 1990 Away
After two false starts—the referee forgot to start his watch and then forgot to blow his whistle—not that I noticed—the revival of the Fifth XV, containing 10 virgins to Guy's rugby (and a few other things) and 3 Old pro's (Smith, Giles, Joseph) began.

With the wind behind us we put them under some early pressure, winning clean ball in the scrum through good hooking by John MacIntyre. Rucking and mauling was good, but lineout ball was difficult to win—we lacked height and the wet ball and swirling wind made throwing difficult.

After ten minutes of open play a movement down the Old Dunstonians's line was intercepted by fly-half Pete Hibbit. He progressed down the left wing with the highly mobile, ever present back row in support. Pete passed inside to Matt Giles who in turn found his captain who ran the last 15 yards to score. It was unconverted.

Old Dunstonian's replied quickly with a swift movement down their line touching down in the corner.

From a ruck on the Old Dunstonian's twenty-two scrum-half Ian Pearson moved the ball down the blind side and via Jeff Abrahams got the ball to wing Egbui Ikeagwu. He managed to get within a yard of scoring before being pushed into touch. From the lineout Guy's forced the Old Dunstonian's to carry the ball over their own line. The resulting 5 yard scrum was won and from the following mauls Tim Wells forced his way over the line to score. He converted his own try.

We came close to extending our lead. Under a pile of bodies James McIntyre was adjudged to have touched the ball down centimetres on the wrong side of the line (I felt it was a try but . . .). The Old Dunstonian's scored again making half time score 10–8.

The addition of Nick Gaul, Hoofer and Mike Osbourn for the second half provided us with an extra player and fresh legs. Despite us having the majority of the play in the second half the Old Dunstonian's scored two more tries.

In the driving rain Jeff Abrahams and James McIntyre came close to scoring—between them hacking the ball just too far ahead of themselves.

Overall it was an impressive first performance with plenty of promise far the forthcoming season.

Team:
K. Smith, J. McIntyre, J. Abrahams, H. Evans, (M. Osborne), M. Blinden, A. Joseph (capt), M. Giles, Hoofer, I. Pearson, P. Hibbitt, E. Ikeagwn, T. Wells, M. Sabharwal, N. Gaul, B. Eddy.

Andy Joseph

Guy's Fifth XV v King's College Hospital XV
Lost 12–11 HOP

Having arrived at HOP nursing a gash below the eye from being attacked earlier that morning I discovered about 10 freshers, 11 opposition and no referee. This was largely thanks to James Coombes doing some late night recruting for the seconds in the bar on Friday night.

After a crash course in the rules I took my place in the middle and the game began. Guy's put King's College Hospital under great pressure with open rugby (I missed most of the infringements). Against an extra player and a team that was supposed to be a freshers side, but looked more like a consultants team (old and grey) Guy's scored first. From a kick on by Tim/-Tom (can't remember which), Ian Pearson and Matt Giles, who were dubiously onside, chased and pounced on the full back's error. Ian kicked on before scoring the try.

We increased out lead when from a 5 yard scrum their scrum half tackled Ian before the ball was out of the scrum. Tim Wells scored the resulting penalty. They scored two tries in the first half to leave us trailing at half time 8–7.

Reinforcements arrived during the break—thanks to Ben Eddy and Athyr (3pm kick off next time) we scored about half way through the hay, once again from a 5 yard scrum. The front five locked out well and the number 8, Matt Giles, went round the blind side and despite Ian Pearson's attempt to get in the way, he scored.

Their winner came tem minutes from time when after some terrific defence on the line they eventually forced the ball over in the corner.

I have been impressed overal with the quality of the freshers. We seem to have a sound foundation of a team. They're all very keen, it was great to see a fifth XV all playing in Guy's shirts after only 2 weeks of term. Tim Wells was so keen that he volunteered for his gins. He was accompanied by his captain, who had only just scored his first try for Guy's, and Simon Rusell (Captain Fourth XV).

Team:
A. Alkunder; M. Lacovon; D. Char; R Philip; M. Blunden; M. Sabharwal; N. Chon; M. Giles; I. Pearson; T. Wells; T Wolstenholme; N. Gaul; B. Eddy Referee: A. Joseph.

Andy Joseph

A Note on the History of Guy's Hospital RFC

Until the 1920's it was generally acepted by rugby historians that the oldest rugby club in existence was Blackheath Football Club, founded in 1858. Recent correspondence in *The Times* brought a counter-claim that Liverpool Football Club (now Liverpool St Helens) was formed in December 1857 and thus claims for itself the honour of being the oldest open rugby club in the world.

The claim that Guy's RFC was founded in 1843 and therefore takes precedence over Blackheath and Liverpool St Helens, was advanced by Alfred Allport in an article on the history of Guy's Glub published in the bicentenary number of the *Guy's Hospital Gazette* in 1925. Dr Allport made out a strong case for the Guy's claim but admitted that he had been unable to find any documentary evidence other than a Guy's fixture card for 1883–84, which stated that the Club was playing in its 40th season. Mr T L T Lewis, writing in the Gazette in 1978 confirmed that the evidence for the formation of the Club in 1843 was somewhat circumstantial.

In the course of carrying out some research on the history of St Thomas's Hospital RFC, I recently came across some documentary evidence showing that the claim for the formation of the Guy's Club in 1843 was first made as far back as 1873 and I thought that this would be of interest to the readers of the *Gazette*. My source is the *Football Annual*, edited by Charles W Alcock and published by John Lillywhite, Londor, and this series of annuals contains a fascinating insight into the organization of the Guy's Club in the period immediately preceding the establishment of the Guy's *Gazette* on October 1 1872. In the first volume of the *Annual*, published in 1868, the entry for Guy's Football Club (as it was then called) indicates that the Club was founded in 1866; it had over 100 members paying an annual subscription of five shillings; the Club ground was located at Ladywell, near Lewisham, and the Secretary was Percy Kingsford. Incidentally, there is a report in the *Annual* of a game being played between Guy's and Blackheath on November 9 1867; this date is two years ealier than the date cited in both the official history of the RFU and in Dr Allport's article as being the first fixture beween these two historic clubs. The earliest report I have seen of a game involving Guy's is the *Sportsman*, which shows that Guy's played Richmond on November 7 1866 and Bart's on December 1 that year.

Returning to the *Football Annual*, the entry for Guy's in 1869 is similar to that of the previous year except that the Secretary is listed as F Sutton Townsend, and the Club colours are given as orange and black. In the third volume (1879), J H Ewart is listed as the Secretary and he remained in this office for a second year, during which time he represented Guy's at the now-famous meeting at the Pall Mall Restaurant on June 26th 1871 which led to the establishment of the Rugby Union, with Guy's as one on the founder Clubs. Ewart was a gifted player and is described by the *Football Annual* (1871) in the section entitled 'Notes on the Chief English Player's' as being a useful and steady forward player and follows up commendably'.

The entry in the volume for 1872 shows that the Club had moved from Ladywell to Nunhead, Peckham and that W W Pinching had succeeded Ewart as the Club Secretary. Pinching is described by the *Annual* as 'a capital forward, plays up hard and understands the game thoroughly'. He was Guy's first international cap, and played in the English Twenty against Scotland on February 5th 1872 in the first international match to be held in England.

The 1873 account of the Guy's Club differs significantly from the preceding reports in that for the first time in the *Annual*, the date of the Club's foundation is put back 23 years from

1866 to 1843, As far as I can tell, this is the earliest documented reference to this claim. Unfortunately there is no report in the *Guy's Gazette* or anywhere else as far as I am aware as to how the Club settled on this earlier date. What is undisputable, however, is that since 1873, Guy's has steadfastly clung to this claim to be the oldest club in existence and that this claim has been widely accepted.

Guy's stay at Nunhead was short-lived; the main reason being the atrocious state of the ground, and by 1873 the Club was playing at Blackheath, where the dressing room was in the Princess of Wales. The Club colours that year were changed from orange and black to orange and blue. F J Elliott was the Secretary and the Club had 80 members. Two years later, in 1876, Guy's became the first winners of the Hospital Cup, and the Club's progress from then on has been well documented by Dr Allport and Mr Lewis in the *Gazette*.

Dr J H Thomas
Pre-clinical Dean, UMDS
Lambeth Palace Rd

Guy's Hospital — 250 years

Have you ever wanted to know more about the history of Guy's? What was student life like in the nineteenth century medical school? What happened in the Residents' Plays of the forties and fifties? How about nursing, midwifery, the Wills Library? Or the early days of X-rays?

This 240 page, illustrated paperback gives a history of the achievements in every field of Guy's life for the past 250 years, and is available for only £2.95, including postage and packing, from the Gazette office. The book makes an ideal gift, and only a limited number is available.

Please send cheques or postal orders, made payable to Guy's Gazette, to Guy's Hospital — 250 Years, Guy's Gazette, Boland House, London SE1 9RT.

Change of Address

DR A A and MRS MOLLY CRAIGEN are now living at: Arden House, 29 Coppice Avenue, Great Shelford, Cambridge CB2 5AQ. Telephone: Cambridge (0223) 844709.

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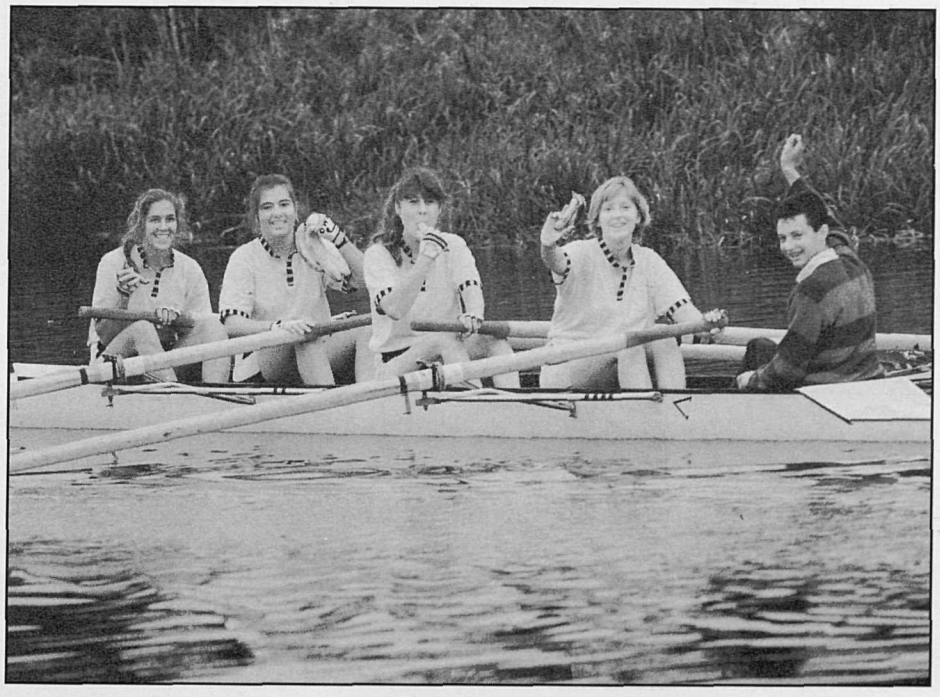
Guy's Hospital Gazette Competition



A £20 prize to the reader who sends the wittiest caption to the above photograph.

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GUY'S GAZETTE

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Why do so few women give birth at home?

GUY'S GAZETTE

CONTENTS

197 Passim

198 Letters—Nursing Reunion, Extern's Room

198 News—Building Update, UMDS Videos, Screen Printing

200 The Care and Support of Sick Children—advances and innovations at Guy's

209 The Great Fire of Guy's—recollections from a December night fifty years ago

214 Professor Harry Keen—An appreciation

216 Where To Be Born—the facts and the fiction about home confinements

218 From A Police Cell to the Resident's Table—a tale of success and celebration

221 Waves of Boredom In A Sea of Green—the joys of the theatre

222 Dental Notes—Presidential Address, Hypnotism and Dental Practice

222 Physiotherapy Notes—The Biennial Combined Conference

223 Nursing Notes—Developing Nurses

224 Book Reviews

225 Gazette Review—Islam and science

226 Classified

Guy's Gazette

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Passim

As the year draws to a close, the opportunity has been taken to finally end our commitment to the A4 format and return to A5 size which is more popular with both subscribers and students.

With the change of format, we also hope to alter somewhat the emphasis of the *Gazette*. As well as the tried and tested content that forms the bulk of the magazine, we would like to stimulate debate with and amongst our readers, by articles that discuss a range of issues, both ethical dilemmas and current problems facing the medical profession. We would also like to resurrect the Club's Union News for articles relating specifically to students. In order to help us achieve these aims, we would welcome support from students who feel that they can contribute in some positive way.

It has long been a problem for the staff to write a magazine that caters for two widely differing audiences—namely the current student population and those readers who have long since graduated. Perhaps by having a specific student-orientated section, in addition to the current regular features, it would go some way towards alleviating this situation, and we welcome your views on this matter.

The year has been an important one for the Hospital. Following much discussion, and a ballot of the consultants which seemed to reveal an 'if you can't beat them—join them' attitude, an application has been made for self-governing status. Guy's has recently had its application for self-governing status accepted by the Secretary of State for Health but St Thomas', our partners in UMDS, have had their application rejected.

Therefore, 1991 promises to be an even more tumultuous year for the hospital. No-one can predict the future (although many politicians claim to be able to), so one can only guess at what lies ahead. The changes are intended to create internal markets within the health service and improve the provision of care but they are untested, and do not have the support of the majority of health service employees or apparently its customers.

The eyes of the nation, not least those in and opposite Westminster, will be upon Guy's Hospital next year as we seem set to become the Government's flagship for the reforms that could form the basis of the National Health Service in the twenty-first century.

Finally, it is our great pleasure to wish all *Gazette* readers a very merry Christmas and a prosperous New Year.

GAZETTE LETTERS

1966 Nursing Reunion

Dear Sir,

I am writing to ask for your help in finding members of the September 1966 Set of the School of Nursing.

A reunion is to be held in 1991, which will be 25 years since we started our course, and members are invited to telephone me, Mrs Frances Bailess (née Coultas).

Yours faithfully,

FRANCES BAILESS
9 Haysel
Sittingbourne
Kent ME10 4QE

The Extern's Room

Dear Sir,

It was a great suprise to find a photograph of our board from the Externs Room in the September *Gazette*.

John Crawford carved all the figures and painted them. Bill Sewell and I did the rest.

The later Walter Gilford was the RO.

The last time I saw it was the day after the fire which severely damaged the college during the war.

Some splendid people had rescued the boards and placed them in a pile in the Colonnade.

I was tempted to take ours away for safe keeping but as I was on my way home to Hetfordshire I thought this would be incongruous, so I left it hoping it would be preserved. I wonder where it is now?

Pat Montgomery assures me that he saw it some years ago but he cannot remember the place.

Unfortunately the caption on the panel showing Chamberlain trying to extract Czechoslovakia from Germany is not legible in the photograph. It reads, 'The Result of Conservative Treatment Called to a Breech'.

Today these words still have a familiar ring although appliable to a different situation with the Minister of Health acting as the accoucheur.

The most interesting carvings were those recording events in the outside world over the years through the media of Obstetrics and Gynaecology. However they did not belong to that conventional world, rather were they part of a tradition inherent in being an Extern on the Guy's District and it is in that context they are remembered.

The life of an Extern was a great experience but like the famous room and its contents this part of Guy's has gone forever. In that fateful year of 1939 it was the final chorus of the Residents Play written by Willy Mann which has always haunted me.

'Dance with us all into a brand new world'.

On the final night when when the curtain came down for the last time we instinctively knew that things would never be the same.

Yours faithfully,

GEOFFREY HAMMOND
Erdély
Compton Down
Winchester

Dermatology at Guy's

Dear Sir,

Doctors Barker, Wells and McDonald of the Guy's Dermatology Department should be congratulated on their excellent article entitled 'The Early Dermatologists of Guy's Hospital' published in the American Academy of Dermatology, November 1990 issue. Those Guy's men and women interested in the history of dermatolgy, particularly at Guy's, should certainly read this well written article.

Yours faithfully,

ROBERT WALTON MD
Clinical Professor of Dermatology
Stanford University
Medical Center

GAZETTE NEWS

Guy's Building Update

Work round Wolfson House is still giving no respite for the residents, but the latest briefing suggests that 'the end is in sight'.

Meanwhile, the next major task is to move the footbridge which crosses St. Thomas' Street. This will free space for piles to be driven in—the descent of the bridge will then run alongside the back of Boland House. Relocation is expected to take place over a single weekend in January.

NHS Absenteeism

Work pressure and low morale are the main elements affecting absenteeism in the NHS, according to a study in a large general hospital. However, researchers also found evidence of strong loyalty to the service, and this commitment had the effect of pulling people back into work. Overall, there was little difference in the mean number of absence spells in NHS workers compared with the control groups of men in the transport industry and women in unskilled manufacturing jobs, yet for each absent spell in the NHS, the time off work was longer, resulting in a higher pattern of days lost per worker.

It does not follow, of course, that absence figures are a measure of job satisfaction—good attendence may be purely a result of harsh discipline and conversely more relaxed attitudes may go with high productivity. An important factor seemed to be stress, which is increasingly common, and some of the NHS staff felt that this was not fully appreciated by their higher managers.

Academic Jobs At Risk

Medical academics could face wide-spread job cuts. Colin Smith, chairman of the BMA's medical academics committee said that a forthcoming report from deans could show average funding cuts to medical schools of about 10 per cent. 'Many are going to have a very difficult time keeping withing budget without cutting staff,' he warned.

Crisis in Medical Research

The Medical Research Council has postponed all new research grants for up to six months as it struggles to cope with a projected overspend of £3.5 m in the current financial year. In addition a freeze on new staff appointments has been introduced and no new equipment can be purchased by research units. This news follows a recent controversial decision by the MRC to close three of its top units in Cambridge and Glasgow because of lack of funds, a move condemned by leading doctors and scientists.

Obs & Gynae Savings

The number of weekly abortions at Guy's has been reduced from twenty to ten as part of a package to reduce spending in the the Obstetrics and Gynaecology Department by £450,000. Dr Christine Watson, the health authority's Senior Clinical Medical Officer for Family Planning and Well Woman services said; 'Patients are being diverted into the private sector because NHS provision is inadequate,' She added: 'The cuts are reprehensible because they target a vulnerable group.'

No-Fault Compensation

A Bill to provide no-fault medical compensation was given a first reading at the House of Commons. The Bill, which is supported by the BMA, was introduced by Shadow Health Minister Harriet Harman. Ms Harman said the aim was to end the 'unwelcome lottery' of the present scheme, where the vast expense and time involved prevented many people from following up grievances against medical personnel. Under the proposed system, claims would be settled by a board within three months.

Internal Market Quality Doubts

A group of potential fund holders has cast doubt on the possibility of writing detailed quality control measures into contracts with hospitals under the internal market next year. Representatives from 30 potential fund holders in the northern region last week examined in detail a model block contract for surgical procedures from a local DHA. However, they found the working too legalistic to incorporate assurances on the quality of care patients would receive.

South Wales Guys Hospital Society

The 40th Annual Dinner of the Society will be held at the Park Hotel, Cardiff at 7.30 pm on Saturday 16th February 1991.

Guests of Honour will be Miss Margaret Thom and Mr Michael Maberley.

The Dinner is open to all Guy's and UMDS graduates. Both men and women are welcome. Dress informal.

This is the day of the Wales v Ireland Rugby match at the Cardiff Arms Park.

Applications for Dinner and new membership should be made to the address below. Current members will be circularised in due course.

GRAHAM DAVIES (Hon. Sec)
23 Windsor Road
Radyr, Cardiff CF4 8BQ

Dental Contract

Dentists have censured their leaders and rejected the profession's new contract which came into force last month. Though the decision will have no immediate effect on the contract, it means leaders of the UK's 18,000 dentists will seek to renegotiate it.

The contract, which marks a first step away from the principle of payment strictly by treatment has proved deeply unpopular on grounds that it fails adequately to fund its new system of flat-rate monthly fees for all child patients and two-year care contracts for adults.

In July, British Dental Association leaders accepted the terms in defiance of a referendum result which produced a 62 per cent vote against.

New UMDS Videos

'I was quite academic at school and could have chosen either law or medicine. I suppose I chose medicine because I'm a sensitive sort and I'd rather cure than put them in prison.'

Lade Smith, a third year student at the United Medical and Dental Schools of Guy's and St Thomas's Hospitals (UMDS), discusses her career choice in a video just released by UMDS. It's a choice which students sometimes find difficult to make as the information provided for them is often sketchy and unclear.

Two videos, Studying Medicine at UMDS and Studying Dentistry at UMDS, are aimed at lower sixth form students in schools, while a third called Care For The Future gives an overall introduction to the study of medicine and dentistry and is suitable for younger students. The videos provide much greater insight into the courses of study, student life and aspirations than a whistle stop tour or a brochure can.

Current UMDS students provide descriptions of the course work, insights into the experience of studying at UMDS, and share their enjoyment of social life on campus and in London generally. They address the issues of accommodation, catering for themselves, adjusting to different patterns of study and talk about their career aspirations.

Student Loans

The School is establishing a Student Loans Office in the Common Room on the first floor of the Medical School building at Guy's. The office will be open from 10.00 am to 4.00 pm on Tuesdays, Wednesdays and Thursdays of each week. All home fee-paying students on the MB BS, BDS and BSc courses will normally be eligible for a loan which will be issued direct to students by the Student Loan Campany on receipt of an eligibility certificate from the School and an application form from the student. To obtain the application form and eligibility certificate from the School students must bring to the office:

(1) Their birth certificate (The Student Loan Company requires evidence of name as registered at birth or adoption irrespective of any subsequent change of name).
(2) Cheque book or other item confirming the student as account holder and the account number and sort code.
(3) Mandatory award letter from your Local Education Authority if applicable. Intercalating BSc students should bring a copy of last year's mandatory award letter.

Please note the School has a legal obligation to see items 1 and 2 above, and any student not bringing these items will have to return to the office on a future occasion. The office will be kept open through the lunch hour, but will close promptly at 4.00 pm.

Initially the office will see students on a first come first served basis and we hope to be able to process eight to twelve applications per hour. If these arrangements lead to excessive queuing a modified appointments system will be introduced. Every effort will be made to keep waiting to a minimum but each application must be made in person by individuals and some element of waiting is inevitable.

Ambulance Staff 'Replaced by Volunteers'

London Ambulance Service (LAS) is planning to fill 200 qualified ambulance staff vacancies with volunteers, health union NUPE has claimed.

LAS claims this to be more cost effective, and that the role of the volunteers would be to augment, rather than replace, trained staff, despite claims that volunteers would provide an inferior service because they had no medical training.

Screen Printing

At last Guy's has its own screen printing equipment. Housed on the first floor of Boland House, the equipment will enable members of every club to print their own designs and motifs onto T-shirts, sweatshirts and sports gear. Please contact Clare Watford via Boland House for further information.

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The Care And Support Of Sick Children

A Continuing Tradition at Guy's

The Evelina Children's Department at Guy's has a long tradition of care and support for the families of sick children punctuated by several unique initiatives which, although often overlooked, greatly influenced current accepted practice.

In the mid nineteenth century many childhood ailments were acute, often infectious and of short duration due to very high mortality rates exacerbated by extreme poverty and absence of effective preventative or treatment procedures. Medical care of children centred around dispensaries where children were tended indiscriminately with adults. Exceptionally those requiring hospital treatment were distributed amongst the women's wards. Even this practice had many restrictions; children under two years were excluded, being considered too young to be separated from their mothers, children under 10 and those with infectious diseases were rarely admitted. In the early 1840's about 1% of in-patients in all London hospitals were children under 10, representing only 0.001% of children who died in London in a year.

Medical and Nursing Facilities for Children

At this time, before any children's hospitals existed in London, Guy's established a separate out-patients and a children's ward in a house on the east side of Sutton Street, a roadway running north to south through what is now the park continuing the line of the colonnade. The area gained some prominence because a nearby alleyway leading into Maze Pond provided the most direct route for thirsty students to the Ship and Shovel, a favourite pub in those days. It is not clear whether the impetus to create the first children's ward in a general hospital in London was entirely altruistic or, in part, to provide a specialist base for teaching young medical students. In any event the Children's Department, proposed by Dr Golding Bird and started in 1843 came to an untimely end when the new Hunt's House was built in 1852 and the wards in Sutton Street were demolished—a major contributing factor being the lack of suitable nurses. As a result the children were distributed once again amongst various women's wards so that the services of the female patients could be utilised in their nursing and care. Consequently, the number of children on the ward at any one time was dictated by the need to maintain a manageable ratio of child to adult. Children were noisy and required a greater degree of supervision. Recognising this, Florence Nightingale wrote in 1863 warning against the further introduction of children's wards in general hospitals:

'Where adults are mixed with them, the woman in the next bed, if the patients are judicially distributed, often becomes the child's best protector and nurse. And it does her as much good as it does the child.'

She went on to explain that a special disposition was required to nurse children:

'Nothing else will carry you through the perpetual wear and tear of the spirits, of the fretfulness, the unreasonableness of sick children—not that I think it is greater than that of many sick adults—but it is more wearing, because the strain is never off for a minute . . .'

Some years later, in 1870, the Medical Council recommended 'that the Children's beds at Guy's be grouped together with a view to a more efficient study and teaching of children's diseases' but 50 years were to pass before this recommendation was acted upon. It would be interesting to know whether the recommendation was stimulated by the establishment of a purpose-built children's hospital nearby (the Evelina) which was later to be so closely linked with Guy's!

The Evelina Children's Hospital was founded by Baron Ferdinand de Rothschild in memory of his wife, Evelina, and their infant son, both of whom died tragically in 1866 when Baroness Evelina went into labour prematurely following a railway accident. The hospital was designed by Dr Arthur Farre, a noted Obstetrician who tended Baroness Evelina during her confinement. He recognised the great need for hospital accommodation for children in the poor neighbourhood of Southwark

which would complement the existing hospital and maternity services developed at Guy's. This purpose-built children's hospital generated considerable interest. An article in the Lancet marked the opening of the Evelina Children's Hospital on June 15, 1869 and contains some interesting descriptions relevant to the changing patterns of the care of sick children:

'Along the length of the building runs a single, very handsome ward, a hundred feet by 24 ft and 14 ft high . . . At the other extremity is a playroom and beyond this two large and cheerful rooms, one of which will be for cases of whooping cough and its complications and the other probably for infants under one year old . . .'.

The true impact of this new hospital, its size and novel features need to be considered in the context of children's hospitals of that time. In 1851 although nearly 26,000 children died in London alone there were only 11 beds set aside for children in all the hospitals put together. In the new Evelina, 30 cots were initially used but the potential occupancy was 100. The admission of cases of whooping cough and its complications was a novel feature in children's hospitals. Unlike earlier practice, age related restrictions for admission were largely eliminated, children of any age were treated at out-patients and although children under 2 were not admissible to the wards, the rule was consistently waived. Apparently it was not uncommon to see a baby lying in a basket on the ward! The availability of a light and cheerful playroom and encouragement of daily visiting indicate an awareness of the emotional support needs of sick children.

There is little information available on nursing staff but early descriptions of the hospital indicate that the nurses lived in the attics while the ladies, presumably equivalent to sisters, were on the ground floor. It is clear that the Evelina trained its own entrants and the 1872 report states that 'there is an adequate staff of nurses and lady pupils'. The 'lady pupils' apparently came from families in a position to pay fees and eventually became Evelina-trained children's nurses. The excellence of the training given was recognised nationally and in 1889 it was reported that: 'Nurses who are attached to various institutions throughout the country have received their training at the Evelina Hospital.' It is likely that local mothers and relatives did help out on the ward when free from the enormous domestic and economic demands of large families. However, once children's nursing was accepted as a speciality and the 'ladies in training' were prepared to deal with the children entirely, 'the nurses descended from the attics and mothers were expelled from the wards . . .'.

Above: Evelina: children's medical ward circa 1906

Meanwhile, at Guy's Hospital, despite the 1870 recommendation by the Medical Council, a children's ward with 14 cots was not re-established until 1923, under the supervision of Dr H C Cameron, the first paediatrician of Guy's and trained at the Evelina. The cost was borne by the Bermondsey and Rotherhithe War Memorial Committee in memory of the men of the Borough who gave their lives in the 1914–18 war. This ward, known as the War Memorial Ward, was a small but pleasant place situated at the end of the park near Newcomen Street and was made by bricking in the arches of an ornamental colonnade, it opened directly on to the park so that in summer convalescent children could run about at will. In 1934 it was demolished to make room for Nuffield House.

In the early thirties, before war inhibited any further development, a builder, Mr Caleb Diplock, left a legacy to Guy's. The Trust decided to erect and to equip a children's department at Guy's as a memorial to the benefactor. A large existing ward, Bright Ward, used for 'private' patients and superseded by Nuffield House was converted into two wards, Caleb and Diplock, separated by a hall off which was an operating theatre. Each ward was divided by glass screens into smaller wards providing accommodation for 46 cots. There is an interesting story relating to this gift which at other times under different circumstances could have had very adverse effects on the plans. Apparently, the relatives of Mr Diplock contested the will and won the case. However, the judgment took so long and came some days after the hospital ceased to be responsible as a result of the New Health Act. Hence, the financial liability was transferred to the State. This children's ward created on the third floor of Hunt's House had some beautiful nursery tiles which although still in place are covered by paint. Per-

Above: Guy's: Caleb/Diplock wards in the early 1960's (note the nursery tiles)

haps those responsible for the renovation or change in use of this area in future will take every step to reclaim the tiles.

Guy's and the Evelina Children's Hospital were established in a poor district of London primarily to serve the local community. A strong link between the hospitals and the community was the children's out-patient department; in 1872, 6,405 cases were treated at the Evelina and in 1893 in excess of 26,000 casualties reflecting the enormous risk to children of crowded homes and streets. It is depressing but even in the mid 1950's, the casualty department was packed with children presenting with a range of ailments of varying severity. Many came in the evenings and after treatment stayed on for the simple luxuries of life—a hot drink, a bath, books to read—often absent in the 'deprived' local community.

Tragic burn injuries arising from the profligate use of kerosene stoves were not uncommon and led to the first children's Burns Unit in London being established at Guy's in the early 1950's initiated and supervised by Dr Ronald MacKeith who insisted on providing considerable sympathetic support for parents to cope with natural feelings of guilt and sorrow. Dr MacKeith was interested especially in prevention which was the topic of instruction on many a ward round. On one such round his registrar, Dr Joseph was asked unexpectedly to demonstrate the resistance of certain cloths to burning and Dr MacKeith offered a piece of his trouser pocket lining. Such was the hurry and pressure to produce the sample that Michael Joseph cut through the full thickness leaving a large hole in the rear of Dr MacKeith's trousers! When the demonstration was completed finally, the sample burst into flames.

It is somewhat surprising that 100 years ago, the demand for children's services extended far beyond the local community. In 1885, 264 of 416 in-patients (63.5%) came from the immediate locality, 129 (31%) came from other parts of London, and 23 (5.5%) from places as far distant as Cornwall, Hampshire, Northamptonshire, Durham and the Isle of Wight. Thus children travelled considerable distances at great inconvenience to seek specialist paediatric help as they do today. I wonder where the mothers stayed as facilities for the admission of mothers occurred very much later.

There has always been a close relationship between the Evelina and Guy's and discussions on ways in which their activities could be co-ordinated began in 1936. A decision was made to send medical students and nurses from Guy's for training and practical experience to the Evelina, and when appropriate, to reconstruct the Evelina on a site nearer to Guy's. In 1947 the Evelina Hospital including the Eleanor Wemyss Home was designated an undergraduate teaching hospital in association with Guy's. The following year when the National Health Service became law, the patients' services were integrated. The Evelina nurses entered the Guy's preliminary training school and the hospital wards provided a training ground for medical and nursing students but the Evelina kept its own identity as a children's hospital with a measure of administrative autonomy. In this way the 46 cots in Caleb and Diplock Ward were added to the 80 beds at the Evelina Children's Hospital with Dr Ellis appointed as Director of the Department of Child Health. The care of children and teaching of medical students was to continue on two sites until the present Evelina Children's Department in the Tower, combining the facilities, was completed in 1975.

Education of sick children

In the nineteenth century admissions, when they occurred, were of a very serious nature. Those children who survived generally stayed in hospital for long periods. In the 1880s' the average length of stay in hospital was 54 days. By 1890 this was reduced to 27 days accomplished largely by sending children to reserved rooms and convalescent homes outside London. In 1931 the Evelina opened its own Eleanor Weymyss Convalescent Home in Henley. This reduction in the stay period enabled more children to be treated and went some way to satisfy the enormous need. The average length of stay in the Evelina Children's Department at Guy's is now five days made possible over the years by advances in treatment, and prevention of infectious diseases, technical innovations and the introduction of day case surgery, instigated by Mr Rex Lawrie. His day operating sessions started in the Evelina in the early 1950's were the first in London, if not in Europe, and were reported in 1964 in the Lancet. The introduction of this enlightened scheme met with some consternation from the nursing staff and even more from the administrators

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whose occupancy and workload figures were in total disarray because of their inability to reconcile the discrepancy between numbers of patients treated with those occupying beds at midnight, the customary time for counting in-patients. The initial fears were rapidly discounted by the enormous success of the innovatory scheme and the sight of happy, well children.

Despite the reduction in the duration of in-patient stay that occurred over the decades, it is a salutary thought that 50 years ago when tuberculosis and rheumatic fever were so common, many children were in hospital for long periods were deprived of parental contact and education. What a boon it would have been to have had a school within the hospital. Florence Nightingale proposed it in 1863, but it was not until 1949 that the Guy's/Evelina Hospital School was started. Dr Ronnie MacKeith was instrumental in getting the first school-teacher appointed to Guy's. This was so successful that more were appointed and Guy's became the first acute children's hospital in London to have a children's school started under the auspices of the London County Council. The school teachers were a great asset using ingenious methods to rig bookstands to enable children to work flat on their backs, bringing new activities and laughter at a time of great need.

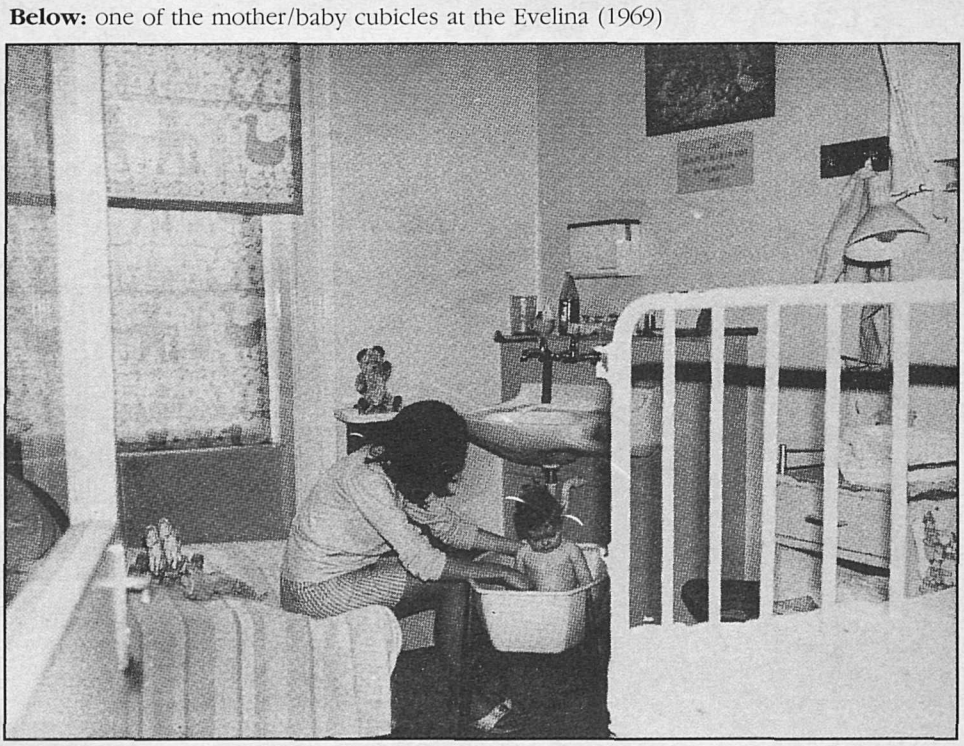
Initiatives in Care and Support

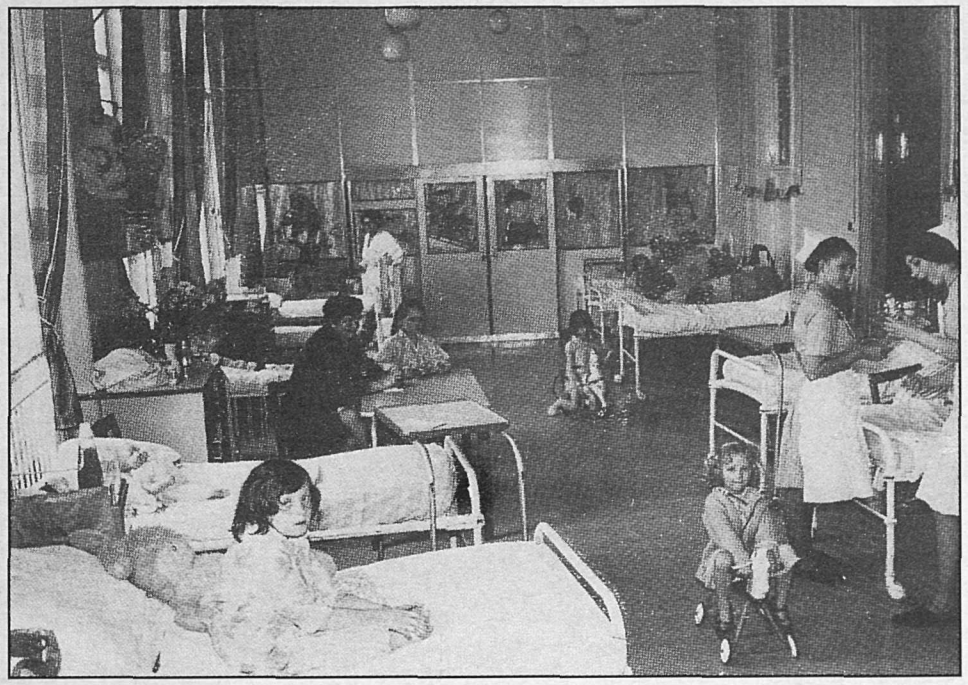
Dr Hector Cameron, the first paediatrician at Guy's in 1923 had a worldwide reputation for his recognition of the emotional needs of children in hospital and, above all, the important role of support for the family ensuring speedier recovery. Although proposals for the admission of mothers had been made as early as 1936, only restricted facilities were available until the 1950's. A room euphemistically known as the 'flat' was available on the ward between Caleb and Diplock for the use of parents. This was meant to be soundproofed to enable parents to get some sleep and be spared the noise and hubbub of babies and children in the early hours. By some quirk of engineering, or possibly intention, it appeared to have the reverse effect; rather like the one-way mirrors of later years. The end result was parents heard the babies screaming at 4 o'clock in the morning whilst the parents' complaints were unheard by ward staff, so after a long night the mums appeared like zombies whilst the babies were in the best of spirits. Dr Michael Joseph recalls the delight shown by a parent who was told that she could use the flat. After a tour of inspection, she was unable to find anything resembling what in her opinion was a flat. Following tentative enquiries she was escorted to it and was mildly surprised to find that the flat was indeed the room with the reverse sound-proofing.

Guy's was one of the first children's departments to promote the idea of true unrestricted parent visiting in the mid 1950's and to encourage parents to stay on the ward often at great inconvenience to the parents and the ward staff. Wherever possible portions of wards were converted to provide individual cubicles, some of them large enough to enable the mother to be admitted with the sick child. Prior to this, provision for mothers was restricted to the Flat, a mother/baby cubicle in Caleb and four at the Evelina. Sometimes parents were accommodated in the nurses home or at some local houses with obliging land-ladies but all too frequently they slept on folding beds in corridors or even the school room overnight when the cubicles were full. Soon the demand outstripped the available arrangements. In 1976 Dr Chantler approached the local Rotary Club for help. The president Mr Williams agreed that the Rotary would raise money to purchase a property near Guys, a venture supported by the Special Trustees and Friends of Guy's Hospital. No suitable property was available but in 1981 the tenancy of a 2-bedroomed flat in Burwash House, Weston Street was taken up by Guy's Hospital Special Accommodation Charity, comprised of representatives of the three groups, for the purpose of providing accommodation for families of sick children. Money raised by the Charity was used to furnish and maintain the flat which contributed greatly to easing the problems of parent's accommodation.

By the early 1960's unrestricted visiting and admission of parents with acutely sick children was the norm rather than the exception, at least at Guy's if not elsewhere. The care of the emotional needs of sick children expressed itself in many less tangible ways. By and large children are very resilient creatures once you remove the

Below: one of the mother/baby cubicles at the Evelina (1969)





Above: Evelina in 1969—things had changed since 1906!

unexpected; they need to know what is going to happen and what to expect. Dr Ronnie MacKeith's role in these changed attitudes can never be stressed sufficiently. Those who knew him would not be surprised if he suddenly rushed off in mid-conversation. One such occasion was prompted by the screams of a toddler on a trolley who was apparently being taken for an X-ray. He rushed up to the newly-appointed porter and challenged him with a query, 'Where are you taking the child?' No response. He sat the porter down and said 'Have you told him where you are taking him'. 'No', said the porter, looking rather abashed. Dr MacKeith turned to the little toddler and said 'Don't cry, you are going for a ride to have a lovely picture taken of you', silence reigned and a beaming toddler was taken to X-ray.

Enormous efforts led by the paediatric and nursing staff of the day were made to establish and maintain this philosophy, not least by their example and the provision of a booklet and comic illustrated by Sylvia Tredgold called 'Billy goes to hospital' which were given to all parents and children prior to admission. It is to the great credit of the sisters and the nursing staff particularly that they continued to promote and encourage parental involvement, often at great disruption to ward activities. Inevitably there were areas of taboo. One of these was the presence of parents during premedication and recovery from operations. Certainly from my childhood experience, I knew that the familiar face of a parent immediately prior to an operation and after the event was essential to ensure confidence. This is what I wanted for my children. Whilst one must be mindful of the needs of the anaesthetist and the suitability of the particular parent, the belief has some merit. About 20 years ago, with a few persuasive tactics I was able to sway the resistance and be with my toddler son at such a time, a practice which became routine at Guy's but not, I believe, elsewhere for many years.

As previously mentioned, at the beginning of this century paediatric care usually but not exclusively served the local community. Over the years the change in local residential patterns and the increasing sophistication of paediatric care, resulting in centres with sub-specialist skills and with it referral from different parts of the country and abroad, has re-emphasised the need for the provision of local accommodation near hospitals for parents and siblings during a time of great stress.

Doctor Philip Evans speculating on future children's hospitals in 1970 wrote: 'Adjacent to it there will be hostel accommodation where parents will be with their children and where there will be a much more relaxed atmosphere (e.g., the Children's Inn at Boston). From these hostels children will be able to go across to the more intensive centre for specialist investigation and treatment. Some children may spend part of the time of their recovery after operation in the hostels, before they are fit to go home because the homes are unsuitable on account of distance and for other reasons.'

The most recent initiative at Guy's has gone some way to providing just this. In the early 1980's Professor Cyril Chantler persuaded Michael Hayden of McDonald's Restaurants to help Guy's to set up a Ronald McDonald House adjacent to Guy's as part of the continuing development of meeting children's needs. Since 1974 McDonald's Restaurants have worked with local communities in the United States to set up a series of homes adjacent to major hospitals which would provide 'home away from home' for the families of very sick children. As a result of these early negotiations the Evelina Children's Family Trust, whose membership included parents and staff of Guy's and McDonalds, was set up under the Chairmanship of Dr Brian Neville, to raise money to build and maintain such a House. This exciting venture marked by the partnership of a private enterprise with the voluntary sector and helped by the generous donations, gifts in kind and discounts given by many individuals, corporate bodies, Trusts, youth groups and the medical students at Guy's, has resulted in a superb House being built in Snowsfields. The House opened in mid June, and within 2 months more than fifty families from many parts of the country and from abroad used it emphasising the national rather than parochial aspect of the venture.

I have tried in this short article to highlight some of the initiatives pioneered within the Guy's Evelina Children's Department to meet the emotional needs of a child in hospital. It is particularly appropriate that this first Ronald McDonald House in the UK is adjacent to Guy's, thereby continuing the long tradition of the Evelina and Guy's in promoting the needs of sick children and extending the scope by, for the first time, providing facilities for the *whole* family and, moreover, enabling children to be in a home

environment with their families between treatment whenever medically indicated.

Shireen Chantler

Sources of Information

H C Cameron (1954), Mr Guy's Hospital. Longmans, Green and Co Ltd, London.

P R Evans (1970), A hundred years of children's hospitals, The Centenary of the Evelina Hospital for Sick Children, Proc Roy Soc Med *63*, 44–46.

Guy's Hospital Gazette (1936), Jubilee Number 1887–1936 Vol: 1263.

R S Lawrie (1964), Operating on children as day cases. Lancet *2*, 1289–91.

H E Priestley (1969), The Evelina: The Story of a London Children's Hospital 1869–1969. Board of Governors, Guy's.

H A Ripman (1951), Guy's Hospital 1925–1948, Guy's Hospital Gazette Committee.

T A Plunkett (1990), The Ronald McDonald House at Guy's. Guy's Hospital Gazette *104*, 141–142.

Editorial note: the Ronald McDonald House is an invaluable asset to the families of sick children at Guy's Hospital. It was built at a cost of more than £1.5 million, but more money is now needed to maintain and operate the House. Donations to the House are always welcome and can be sent to the address below; for just £25.00 a year one can become a Friend of the House and in return would receive a newsletter and be invited to participate in special events. If you choose to make a donation, giving by convenant is especially welcome as the Trust can recover income tax already paid by the donor. At the basic rate of 25% this means that the value of each gift is increased by one third at **no extra cost to you**. Indeed if you pay tax at the higher rate you should receive some tax relief which may encourage you to give a larger amount. An appropriate Deed of Covenant can be found on the next page, and it can be used to give any sum each year (or at other intervals) for four years or more. The charity will reclaim tax annually.

All donations are welcome. (Cheques should be made payable to THE EVELINA CHILDREN'S FAMILY TRUST). Please send any donations or completed Deeds to:

Claire Spittle
Ronald McDonald House
115–122 Snowsfields
London SE1 1ST.

Please try to make a donation—as it would be tragic if this excellent facility, which is unique in the United Kingdom to Guy's Hospital, were to close for lack of money. Further information can be obtained from Claire Spittle at the address above or by telephoning 071 403 3263.

Below: the garden at Ronald McDonald House—a tranquil area to collect one's thoughts.

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Full name .....
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Full Name .....
Address .....
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NOTE:
(i) Minimum four
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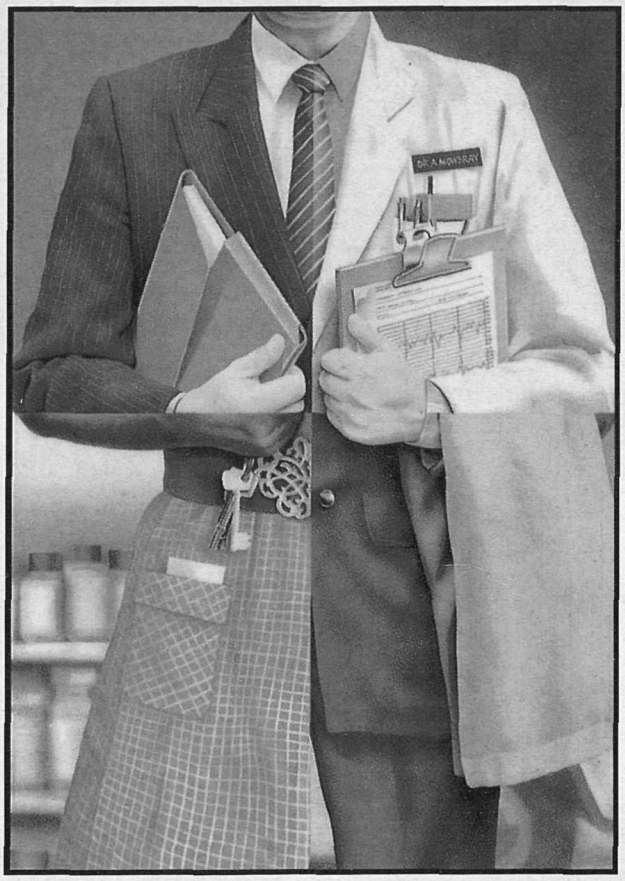

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The Great Fire of Guy's

The Bombing of Guy's Fifty Years Ago

On Sunday 29 December, 1940 Guy's Hospital was badly damaged during a German air-raid. However, all the patients and personnel were safely evacuated, and this is a testament to the selfless and courageous action of both staff and students on that starless night.

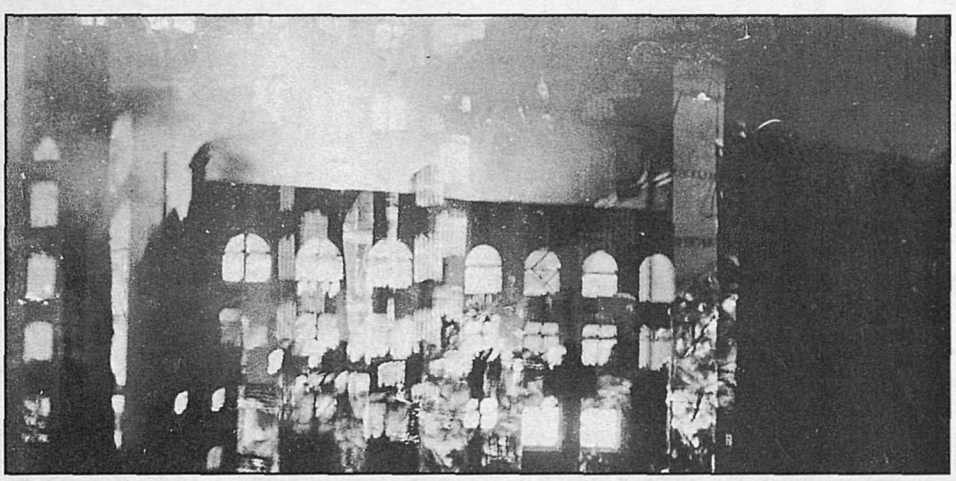
Dr P N Cardew has sent some photographs and his recollection of that fateful evening; we have also published the Passim from the *Guy's Hospital Gazette* of January, 1941.

On the landing between the stairs to Addison and Victoria Wards a moderate-sized chip in the floor was being repaired by the Works Department; the defect had been cleverly filled with fresh cement using a wire mesh as a foundation. The usual wooden guard rail and red danger lamp completed the picture on that dark dreary and starless night of December 30th, 1940. The various population of the Hospital were scattered about in the different buildings; a gloomy few were dining in the 'Spit'. The conversation, as usual, dragged on about the war and its more recent development. Outside, there seemed to be an excessive commotion which, on further inquiry, seemed to be due to a couple of 'incendiaries' in Maze Pond just outside the Surgery. Somewhat weary of it all, and besides, incendiary bombs occupied a very low and harmless place in our sense of values, a few of us wandered along towards the scene of activity more to escape from our present surroundings than out of curiosity.

Hardly had we set foot outside when a shower of incendiary bombs rained down upon the whole district; the sudden transformation of our feelings need not be described. Snatching at sandbags, running with buckets of water, nurses, students and medical staff alike fought those glowing bombs, without thought of personal risk, yet full well knowing that such bombs in the past had frequently been of an explosive nature. While our efforts were for the most part successful, in the surrounding district neighbouring buildings were unattended. It is with mixed feelings that one watches a small fire less than a foot square gradually spread over the whole roof, ultimately to involve the entire premises. It was not long before Guy's was ringed by fire on all sides; those buildings which were not actually directly hit, caught fire within an hour or two, either by direct spread from an adjacent building or from burning cinders which filled the sky and rained down everywhere

In some places in the Hospital electrical switches were melted by the heat and once contact was made electric lights began to shine in many curious places which were not blacked out. Although these had about as much effect as shining a torch at noon on a bright sunny day, so automatic had we become in the matter of regulations that it seemed that the emergency of the moment was to extinguish these lights, which many of us did, using all kinds of missiles from buckets to bricks.

Very early in the evening, we had the misfortune to be hit by two high-explosive bombs. The first scoring a direct hit on the surgical block, the second involving the bakery and neighbouring buildings. Parts of Evelyn and Naaman Wards no longer exist but owing to the type of construction and the foundation, the effects of the explosion were fairly limited. Dorcas Ward, which was filled with patients and nurses, was very badly shaken and with



Above: Down Brothers Ablaze

Above: Attempts to control the fire

the electricity cut off, the atmosphere filled with dust and glass and the crash of falling masonry only a few feet away, it is easy to understand the slight confusion which resulted at first. However, when the 'fire and fury' had cleared, there was really very little damage to the ward itself; before many minutes had passed the students appeared on the scene and using their own commonsense, not waiting for orders, began their arduous task of transporting the patients to safety. Fortunately, just such an emergency had been anticipated by the Hospital authorities; Addison and Victoria Wards were standing by fully equipped, with a full complement of nurses, with beds made up and warmed ready to receive these patients and even overflows of casualties from elsewhere.

Martha Ward, although not directly hit, suffered from the effects of blast which travelled along the underground passages, sweeping away heavy partitions under the nurses' home and massage building like matchwood. One ramification of this blast ended up under Martha Ward and blew up the floor and one outside wall; by a fortunate coincidence a piano happened to be standing directly over the underground passageway and its weight tended to neutralize the force of the blast. Even so, the piano was hurled into the air, landing several feet away upside down. Guy's seems to be a house of miracles, for again no one was hurt and patients were evacuated without mishap.

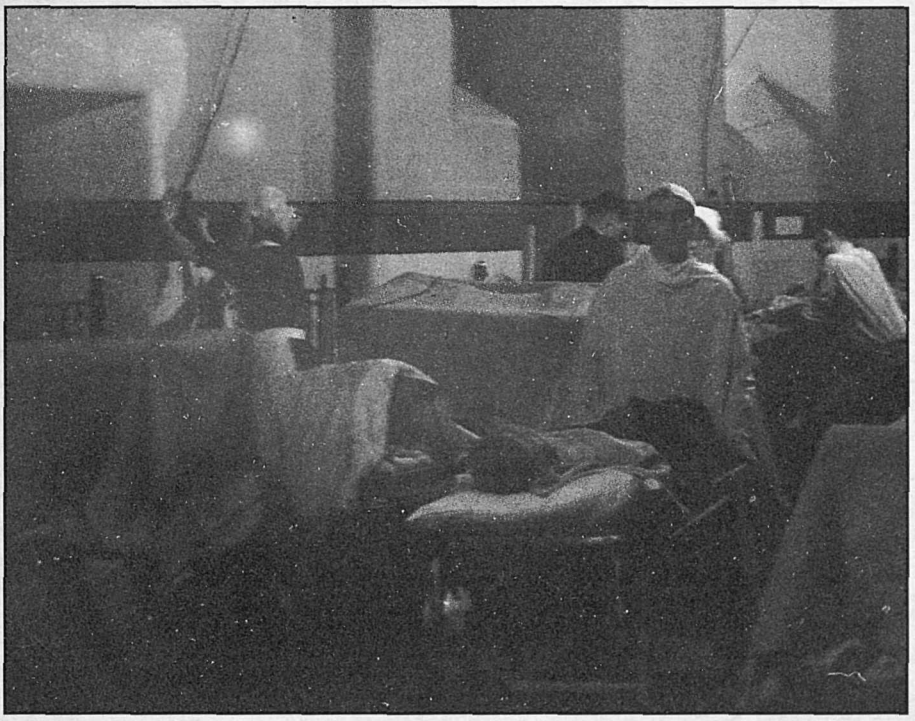
By the time all these proceedings had been carried out, Guy's was sur-

rounded by a blaze of fire which seriously rivalled Dante's blazing inferno. In the Colonnade alone, one was confronted with such a blast of smoke and heat coming from Down Bros.' building that it was impossible to descend into the front quadrangle. We extend our heartfelt sympathy to 'Downs', who have always been such a great convenience to Guy's people. Another famous landmark and standby that is not more is the old 'Ship and Shovel', but the time-honoured initialled table was saved from the fire and now resides in Guy's Hospital. Poor 'Flossy of the Ship' who in better times helped Guy's men out of their depressions, took refuge with her small retinue in one of the diverticula in the underground passage near the kitchen. Flossy will be missed by many, but we sincerely hope that her absence will not be for long.

'We have been, at one time or another, to the student quarters of all the voluntary hospitals, with the single exception of the Westminster Hospital, which, in any case, is being rebuilt, and we are therefore in a position to say with certainty that in our view there is none of them which can compare with the Guy's College in dinginess of aspect and dirtiness of maintenance, in its perpetual overcrowding and in the sense of repulsion which it is calculated to convey to the newcomer'. Thus read the Passim of 1st February, 1936.

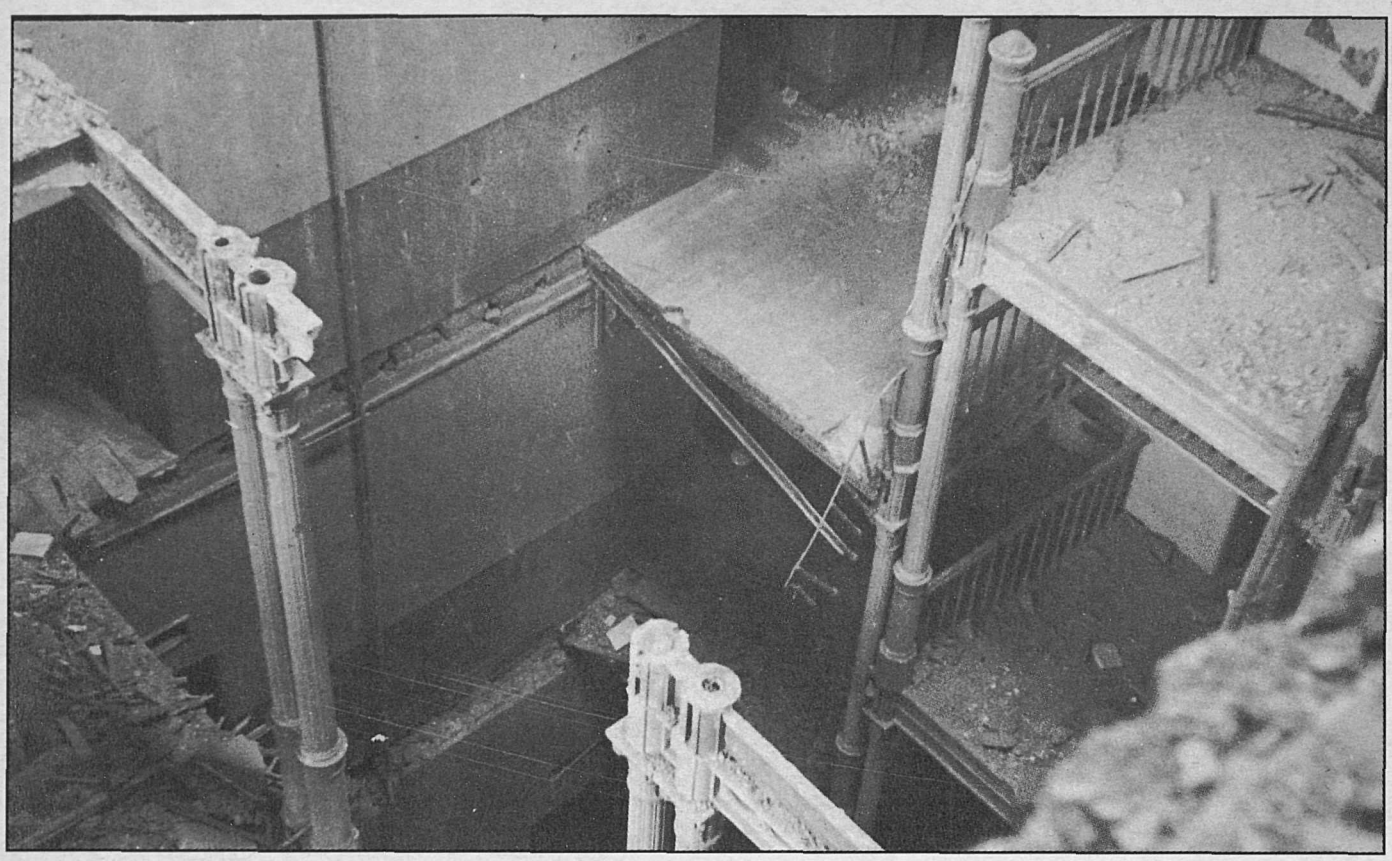
All but one wing of the College has been gutted and even this wing has lost its roof. Whatever opinions about the adequacy of the College we might have held, to see the College so wantonly destroyed was indeed a tragic sight. With most of the students occupied in fighting the fire that had started in the roof of Hunt's House and others busy evacuating the patients into waiting ambulances, it was not possible to save a lot of their personal belongings or College furniture; nevertheless, most of the leather furniture was saved from the common room, the 'milk can' was rescued from the 'Spit', the fireman's helmet and ship were removed in time from the residents' room and all the panels were stripped from the walls of the externs room before they could be damaged.

Above: Emergency surgery that night



Above: 3am, Casualty Resuscitation

The fire in Hunt's House has already been referred to, in fact, by the time this had got under way, Guy's was virtually cut off from the outside world by fire. It became necessary to evacuate all the patients as soon as possible, a task which was carried out with commendable smoothness, again with thanks to the tireless energy of the students. It was due to them that Hunt's House, in fact Guy's Hospital, still stands, a veritable miracle in a district of burning ruins. That they should have saved their Country so much and at the same time, in a few cases, suffered loss of personal property, seems unfair. Elsewhere in this issue appears a letter from the Deputy Superintendent appealing for funds to replenish to some extent the losses experienced by these people.



Above: The stairway of Hunt's House

The rest of the history of that eventful evening concerns the splendid work done by the fire-fighting squads and the Works Department. Some of the fire parties arrived from some distance away and everyone was delegated to save Guy's Hospital at any cost. On behalf of Guy's Hospital we should like to thank the Fire-Fighting Services for their wonderful service which was rendered so generously.

How they arrived is difficult to understand, but next morning when the doors were opened at 8.30 a.m., the Out-Patients' Hall was filled with patients; all of them were examined, diagnosed and treated, if necessary they were admitted to Hospital. In less than three hours from the time we had sought out a mattress in some underground corner to rest our aching limbs we had returned to business as usual.

The above was an excerpt from the Guy's Gazette, 1941

Guy's Hospital — 250 years

Have you ever wanted to know more about the history of Guy's? What was student life like in the nineteenth century medical school? What happened in the Residents' Plays of the forties and fifties? How about nursing, midwifery, the Wills Library? Or the early days of X-rays?

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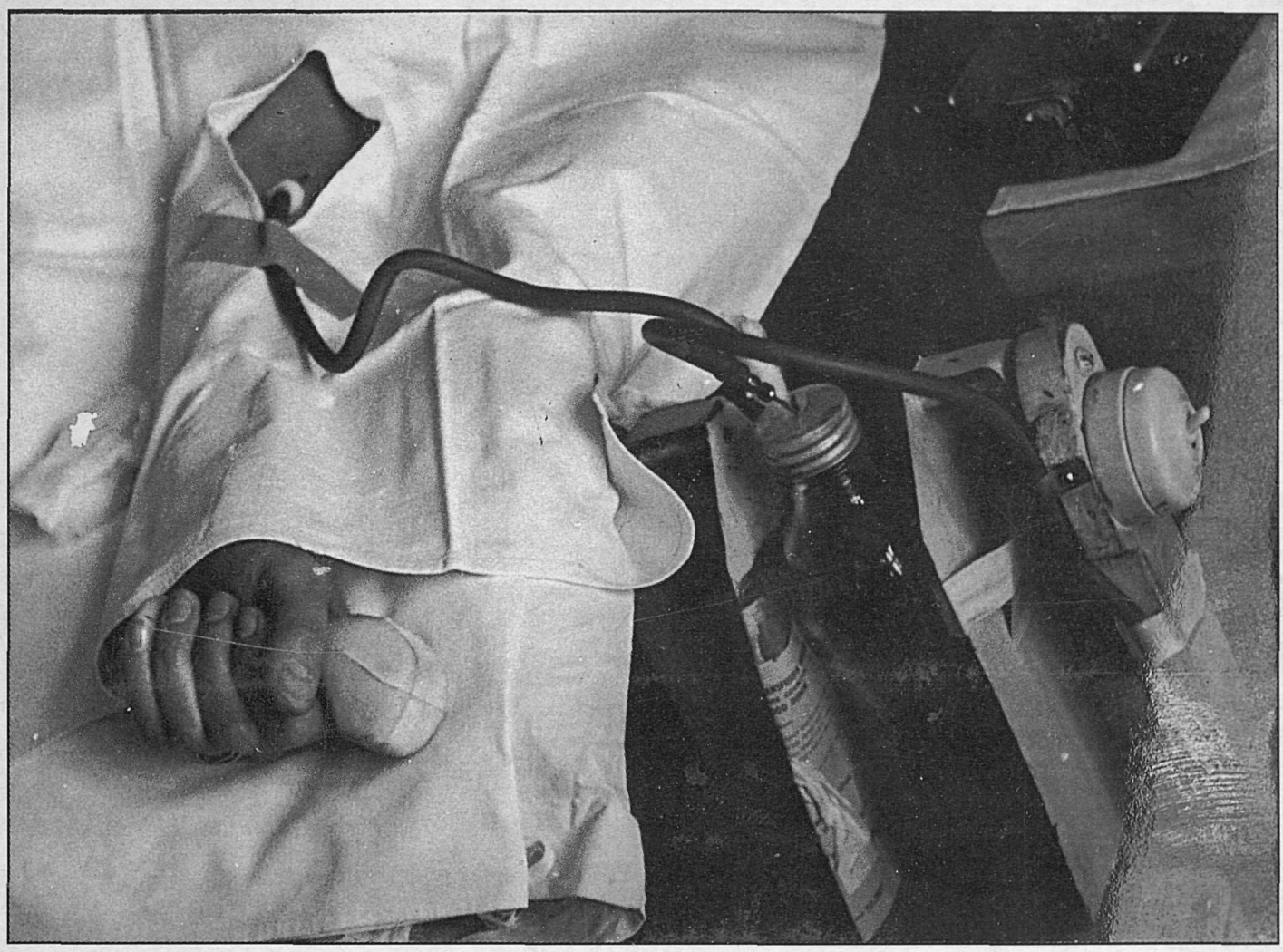


Above: 'Minnie the mechanical mouse'

That evening while developing some negatives in one of the disused X-ray dark rooms of the Surgical Block I heard the noise of fire bombs. To a photographer negatives are sacred so it wasn't till they were safely in the hypo that I emerged into the collonade to be greeted by the sight of Down Bros.—then opposite Guy's front gates—a mass of flames. Before long all the warehouses on the east side of St Maze Pond were alight as was the roof of Hunt's House and the east side of the forecourt.

As night went on access to Guy's became dangerously restricted and in the early hours of the morning the hospital was evacuated. I found a bed at a friends house in Westminster and not until ten o'clock next morning did I return, rather wondering whether I should find Guy's a smoking ruin. Far from it. Walking across the Park I was assailed at 50 yds by the stentonian voice of Tubby Layton 'Cardew—my outpatients start at 9 o'clock—why are you late'!

When I was about to do 'midden' I developed scarlet fever which resulted in being banished to help at the South Eastern Blood Transfusion Service set up by Monty Maizlers. We occupied a private house in Maidstone liberally provided with kitchen tables but not much else. The equipment was largely constructed by Kelso our mechanic who looked after the vehicles and whose pride and joy was 'Minnie the mechanical mouse'. She was wheeled alongside the blood donor and gently shook the collecting bottle to ensure mixing of blood and citrate. This saved us a lot of time as the donor could be left to get on with it on their own although I suspect it increased the incidence of 'faints'.

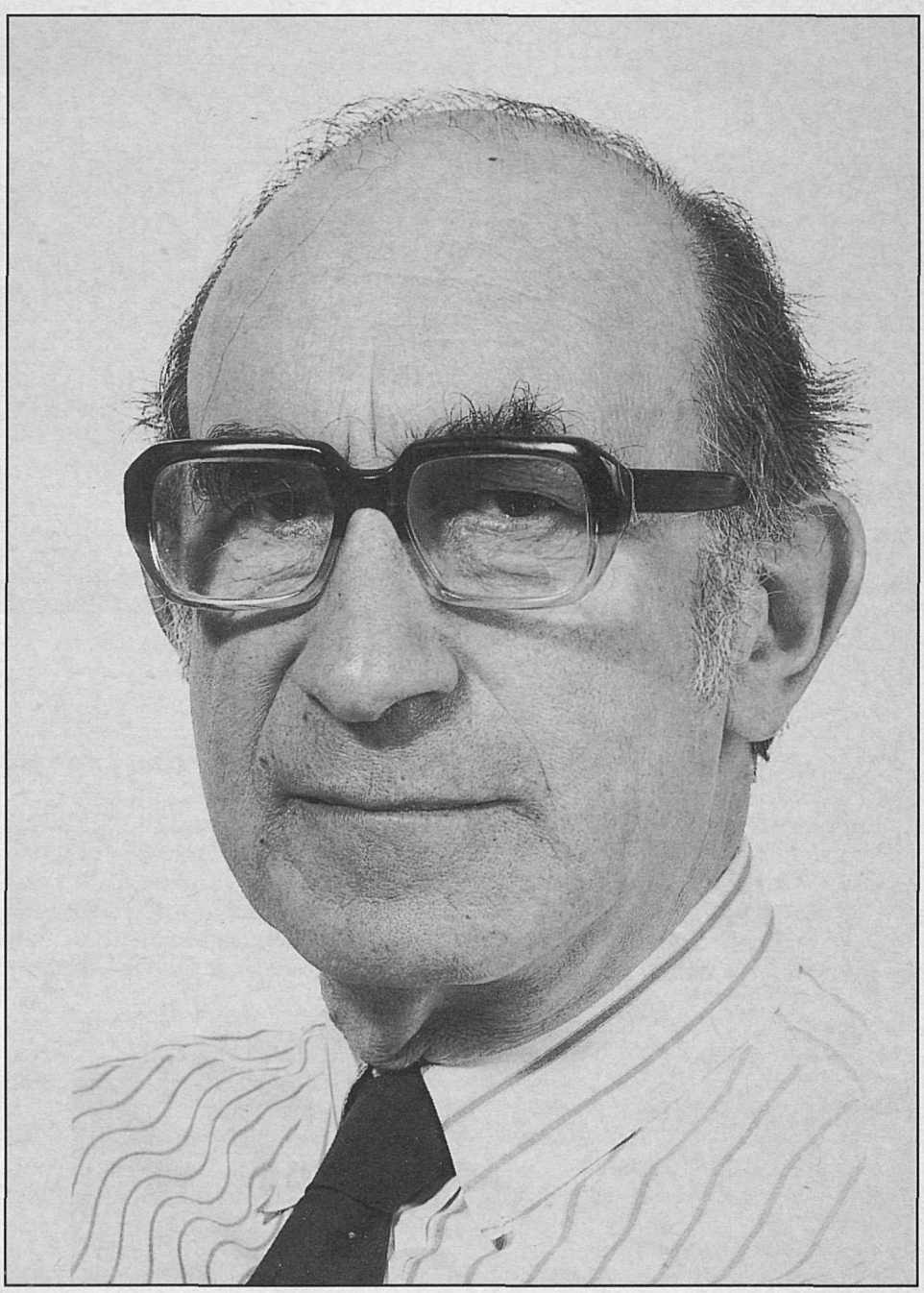
Driving around the Kent countryside with unlimited petrol and deserted roads was a wartime treat but one paid for it by interminable sessions of needle sharpening. Nothing disposable in those days. You may find some of these pictures an interesting contrast to modern practice.

P N Cardew

Professor Harry Keen

An Appreciation

Harry Keen, who retired on September 30, qualified from St Mary's a few weeks before the inception of the National Health Service. His first professional experience was as a locum in a single-handed general practice, a role which, by his account, might have been written by Richard Gordon. After house jobs and National Service he then embarked on his formative years in Professor George Pickering's (later Sir Stanley Peart's) Medical Unit at St Mary's. While there, he was seconded to study hypertension in diabetes in the Diabetic Department at Kings College Hospital, then headed by Dr Robin Lawrence, the GOM of British diabetes and Harry's second powerful mentor. Diabetes and hypertension were to remain his principal clinical and research interests. In 1960–61 he spent a fruitful year with Jim Field in the National Institutes of Health in Bethesda, USA, where he was introduced to the fascinations of laboratory science and began the work of decades. Equipped with the essential (at that time) BTA, he returned to join the Department of Experimental Medicine at Guy's under Professor (now Lord) Butterfield. He became involved with the planning and subsequent execution of the Bedford Survey, a pioneering epidemiological study of diabetes. His epidemiological credentials were further extended when he was invited by the late Donald Reid to participate in the massive Whitehall Study, which has produced much valuable information concerning diabetes and cardio-respiratory diseases. The prospective elements of these two studies provided much of the data which led to the modern redefinition and classification of diabetes and the



criteria for diagnosing what is now called non-insulin-dependent diabetes mellitus. Indeed, Harry chaired the WHO Expert Committee which pronounced on these matters in 1980 and also the 1985 WHO Study Group which modified the original proposals. Largely at his initiative a further involvement with WHO led to the Multinational Study of Vascular Disease in Diabetes, a notable example of international scientific collaboration. Through these years, and with a succession of colleagues and collaborators, he undertook clinical and laboratory studies centred upon target tissue responses to the diabetic state, e.g. early changes in the diabetic kidney, disorders in retinal biochemistry and early work on isolated islets of Langerhans.

At Guy's, Harry has taken his full share in the provision of clinical services—in general medicine and endocrinology as well as diabetes—while building up an internationally recognised research unit. Meanwhile he played an active role in administrative affairs. Thus, in 1981 he chaired the Division of Medicine and was vice-chairman of the Medical Committee Executive. Following the initiation of clinical directorates in 1985, he was induced to become first Director of Clinical Services for Medicine. A tribute to his formidable energy, at the same time he was active in several roles outwith the Hospital and Medical School—WHO, the British Diabetic Association, the International Diabetes Federation, the National Institutes of Health and the Department of Health. His scientific contributions have been recognised by invitations to deliver several prestigious lectures including the Banting Lecture to the British Diabetic Association, the Claude Bernard Lecture to the European Association for the Study of Diabetes and the Kelly West Memorial Lecture to the American Diabetes Association.

The 1989 White Paper on NHS Reform brought a new dimension to Harry's activities. Like many others, Harry saw most of the proposals as damaging to the NHS and he played a leading role in opposition, including the celebrated, though unsuccessful, attempt to challenge in the High Court the Secretary of State's power to act in advance of parliamentary approval of legislation. Through these years and in all of his activities he has had the support of able and enthusiastic colleagues, not least his wife Nan, whose expertise is woven into many of the Unit's epidemiological enterprises.

Formal retirement will change but not terminate Harry's record of activity and achievement. Among other commitments, he has recently been elected as Chairman of the Executive Council of the NHS Support Federation. We understand, too, that he is learning to fly!

RJJ

Guy's Hospital Gazette

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Where To Be Born?

The facts and the fiction

According to the Bible, Jesus Christ was born in a stable. Since Christmas is the annual commemoration of Christ's birth, it seemed an opportune time to consider modern attitudes to the place of confinement. In recent years there has been a dramatic change in the place and management of childbirth. Intranatal care has almost exclusively become the responsibility of the specialist obstetrician and home births, which in 1948 comprised almost half of all annual deliveries in the United Kingdom, have practically disappeared. In fact more babies seem to be born in the back of taxis on the way to hospital than are born at home. Pregnancy is increasingly thought of solely in terms of its potential pathology and women desiring a so-called 'natural childbirth' or a home birth are often the objects of incredulity or scorn. Indeed in the United States, the desire for a home delivery has already been labelled the earliest form of child abuse.

There are many reasons for these changed attitudes to obstetric care. Those arguing that all women should be confined in hospital, irrespective of their stated wish, base their case on the belief that it is the safer form of obstetric practice for both mother and baby. Intuitively one would suppose this to be the case, and protagonists of hospital confinements have pointed to the decline in the maternal and neonatal mortality which has taken place concurrent with the steady reduction in the number of home confinements. The critical question, of course, is whether this is a spurious association or these statistics are in fact causally related. The National Birth Surveys of 1958 and 1970 have long been used to support the official policy that all births should take place in large obstetric hospitals. However, this interpretation of the statistics has been strongly challenged by both Tew and, more recently, by Campbell and MacFarlane. Marjorie Tew, in a number of studies, has concluded that the excess mortality rates in obstetric hospitals cannot be explained by the excess of births there of high predelivery risk or low birth weight babies, and that specific mortality rates for both higher and lower risk groups are higher in obstetric hospitals than in non-obstetric GP units or at home with normal domiciliary care. Campbell and MacFarlane undertook a review of the place of delivery analysis and concluded that the statistical association between the increase in the proportion of hospital deliveries and the decline in the crude perinatal mortality rate seems unlikely to be entirely or even mainly explained by a cause and effect relation; that there is no evidence to support the claim that the safest policy is for all women to give birth in hospital; that there is some evidence, although non-conclusive, that morbidity is higher amongst mothers and babies delivered and cared for in institutional facilities rather than at home.

'. . . there is no evidence to support the claim that the safest policy is for all women to give birth in hospital . . .'

These studies show that home births are not deleterious to the health of the mother or the baby. However, as the statistical support for total hospital confinements has been eroded, it has been argued that a delivery can only be regarded as normal in retrospect and that delivery is a potentially dangerous process; consequently, for the sake of the child, it is inadvisable to allow such a potentially dangerous event to take place without the ready availability of modern resuscitative facilities.

However, regular accurate antenatal monitoring should result in the detection of the vast majority of potentially complicated deliveries. There are certain absolute contraindications to home delivery (e.g. multiple pregnancy, breech presentation, maternal diabetes mellitus) and others about which opinions vary (e.g. maternal age, past parity, past obstetric history of pre-eclampsia, forceps delivery, PPH). There are certain other factors that also need to be taken into consideration when considering a request for home delivery. The home should have an adequate water supply, heating and lighting. There should be access to a telephone and provision of access for an ambulance in case of emergency. Obviously there must be a midwife and for maximal safety a GP obstetrician should be available to be present at the time of delivery (if a woman insists on a home confinement, midwives are obliged to provide care for her with or without medical support). Ideally, a paediatric or obstetric flying squad should also be available. But perhaps the most important criterion for judging a request for a home birth is to explore the reasons for the request. The potential advantages and disadvantages should be clearly and equitably explained to the mother to ensure that the decision is not based on flawed information. The objective of all care and advice should not be the avoidance of danger but rather one of balancing

potential risks against potential benefits.

There are many important potential benefits from a home delivery. Childbirth is a very significant and emotional event in the life of the mother and her partner and often they wish to enjoy this in the setting of their own home. The mother is relaxed and confident in familiar surroundings rather than a spartan delivery room and she very often feels more in control of her own labour; she is able to move about freely during the labour; she can adopt whatever position feels appropriate for the delivery; she feels less vulnerable to unnecessary intervention. Also the mother can surround herself with a few close friends or relations for support. In addition, she can develop a close personal relationship with the community midwife responsible for the delivery. The mother meets the midwife at home antenatally and in these surroundings she may feel more inclined to ask questions or seek advice about the pregnancy and labour. Frequently in hospital a mother may be under the care of two or three successive unfamiliar midwives during the labour and can feel divorced from the experiential dimension of childbirth.

These factors may benefit the physical as well as the emotional aspects of child birth. The secretion of adrenaline-like substances, endorphins and cortisol are directly related to the level of maternal stress and all inhibit uterine function. Indeed Dr Luke Zander, Senior Lecturer in the Department of General Practice, UMDS, has been involved in more than three hundred home births, in which only two mothers have requested pethidine and only three have had episiotomies.

There are benefits too for the professionals involved in the home delivery. The home setting encourages the practice of true midwifery. The midwife attends the mother throughout her pregnancy and her labour. Also the general practitioner has the satisfaction of enabling his patient to have the type of childbirth that they choose. Why then do so few GP's and obstetricians allow women to have their baby at home? For a home confinement, the midwife is the principal professional involved.

The GP should obviously be able to care for the woman antenatally and be sufficiently competent to detect deviations from normal. Also, he should be able to detect variations from the norm during the delivery that might indicate the need for specialist care and be able to undertake the appropriate care of mother and baby until further help is available. The GP is not in fact an extension of the hospital obstetric team, but is rather a support to the midwife.

The financial reward for undertaking a home confinement (£31.30) does not reflect the service provided. Perhaps the greatest disincentive to GP's to provide care for home births is the lack of support from their specialist colleagues. The obstetrician is centred upon anticipating and correcting pathology and, understandably, he will be reluctant to advocate a home birth, with its emphasis on non-interference and the lack of technical monitoring facilities. However, this reaction, as stated earlier, is not supported by the statistics and in fact home births are at least as safe as hospital deliveries.

There is no doubt that great efforts are being made to allow women a degree of independence and make hospital confinements more enjoyable. Nowadays, so-called 'domino' deliveries are also available. For these the mother is attended by a single midwife antenatally, and this same midwife supervises the birth in hospital. The mother and baby are then allowed home six to twelve hours after delivery. These domino deliveries seem to offer the best of both worlds with continuity of care for the mother and also the perceived safety of the hospital. However, they are not always available.

Until GP's, specialist obstetricians and midwives meet to discuss this problem the number of home confinements in the United Kingdom will continue to decline. In a home birth the midwife is the principal professional and the role of the GP is essentially to provide comprehensive antenatal care with the aim of detecting, not necessarily diagnosing, deviations from the normal. Many newly qualified GP's begin practice after six months as an SHO in obstetrics and after having passed the DRCOG examination; surely they feel qualified to provide such a service. However, the majority of GP's and their obstetric colleagues maintain that home births are dangerous, despite statistical evidence to the contrary. For how much longer can doctors intrude upon the autonomy of mothers and contend that 'they know what is best' when the evidence available shows that they do not. Is this not an ethical as well as a practical problem? There is surely still a place in modern obstetric practice for home as well as hospital confinements.

My thanks to Dr Luke Zander for his help with this article.

TAP

From A Police Cell to the Resident's Table

Too much of a good thing?

I left school in Lancashire in 1920 with a County scholarship and went to Liverpool University to study medicine. In the same year my father obtained a very good teaching post in London, and after I had spent a year in Liverpool I decided, for various reasons, to take a London degree. We were living in South Norwood, near Croydon, and as the railway journey to London Bridge passed by Honor Oak Park, where I knew that Guy's played Rugby, I decided to apply for a place at Guy's. On such little coincidences hang great decisions. Accompanied by my father I was interviewed by Professor T B Johnston, Dean of the Medical School, and was accepted to be a Guy's man.

When I had passed the examinations for first and second MB I entered the wards as a surgical ward clerk in the spring of 1924. I worked for two years in the wards doing all the requisite appointments to take the Conjoint Diploma, and because I had spent the year at Liverpool, I complied with the requirements to have studied medicine for five years. So I decided to take Medicine, surgery and midwifery, all at one swoop.

I duly passed in all three, which was quite an unusual accomplishment and I received some pleasant commendations. My last examination was in Surgical Pathology, a viva, and I felt that I had not done too well. However later in the day I presented myself with some of my friends at the door of Surgeon's Hall and I was asked by the Janitor to go upstairs to meet the Examiners! This was tantamount to being informed that I had qualified. I remember standing in front of a table on the other side of which were seated the examiners, and it so happened that I stood directly opposite the gentleman who had conducted my viva. He seemed to me to be thinking 'Goodness how some of them get through'. So great was my concentration on the Surgeon's gaze that I have no recollection of having taken the Hippocratic Oath, though I expect that I did so.

Having qualified it was only right and proper that we should have a celebration, and the next thing that I remember is that about five of us were ejected from an hotel, or pub in Jermyn Street in the West End. Somehow my bowler hat had fallen from my head, into the gutter, and as its oval shape resembled a rugby ball I kicked it along in a contemplative manner and a tranquil frame of mind. All of a sudden a tall policeman seized me by the right arm, which he retained in his grasp despite my protestations, and conducted me to Vine Street Police Station.

I forget the precise charge on which I was arrested, but the Police surgeon was sent for and when he arrived he said 'You are drunk'. This without any physical examination or questioning, so that I consider that he was quite unethical. However I was stupid enough to say 'Of course I am drunk', and I was conducted with one of my companions to a cell to sober up. We were inspected through the grill from time to time and we heard one or more prostitutes being admitted to other cells.

As time passed I was seized by great remorse and anxiety lest my father should learn of my escapade, and I dissolved into tears when I thought that I might be struck off the Medical Register before I was on it. However my friend Derek comforted me, and we were let out of our cell at about six o'clock, with a summons to appear at Marlborough Street Magistrate's Court at ten o'clock that morning.

We two were joined by our friends (I have no idea where they spent the night) and we went to the Tottenham Road Corner House where we ate a hearty breakfast.

At Marlborough Street the police were very kind, they described us to the Magistrate as students, and when they were asked 'What kind of students?', they replied, 'Just students Sir'.

I think that we were fined ten shillings or so, which was a lot of money in those days; how I had it I do not know, my weekly allowance was very small (maybe I had been saving for such an eventuality). So we left the court having paid our fines and made our way back to Guy's, probably on foot after such an expensive outing.

We crossed London Bridge, the old bridge which is now in the United States, and before we had reached the railway viaduct we were warmly greeted by an assortment of our fellow Guy's men, including Pat O'Mara, one of the surgical registrars, and hailed as members of The Vine Street Club! I was rather taken aback, I must say.

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Fortunately my father never learned of this silly business, for which I was most thankful.

I think that this event took place in April 1926, and I went back to finish the three months appointment, which at that time I was holding, until on May the third there started The General Strike.

This was truly a disastrous strike for the labouring classes—the rest of the population were urged to volunteer to do the essential work of transport and the like. One of my friends drove a London bus, another worked a lift on the Underground (and was recognised by Dr Philip Beddard, and invited to his house for a meal). I joined The Special Constabulary and was kitted out with an armband and a truncheon, and we spent a night in the basement of Jo Lyon's waiting for trouble. Fortunately none came, and my time in the Police was soon over.

Henry Lewis, House Surgeon to 'Tubby' Layton the ENT Consultant was taken ill, and it was found that I was the only qualified man in the Hospital to take his job. So in this way, in less than two months, I was translated from a cell in Vine Street to the Resident's Table.

The General strike made for difficulties, and I shall never forget a baby not twelve months old that was transferred from a fever hospital where Mr Layton was on the staff. Laryngeal diphtheria was not rare in those days but the child was found not to have diphtheria, and was transferred to Guy's. He came with a thick folder of clinical notes and was very ill. He quite baffled me, and indeed must have baffled more experienced men than me. I suppose that nowadays a routine X-ray of his chest would have been taken, and very likely would have disclosed the diagnosis, but none was taken and the child died.

At postmortem it was found that the child had swallowed a back collar stud which had impacted in the oesophagus, and that the metal back of the stud had ulcerated into the trachea, and that the child had died form broncho-pneumonia.

A few days later I duly attended the Coroner's Court in Southwark, and when he, Dr Waldo, had passed his verdict he asked the child's father whether he had any questions to ask the Doctor, and the father replied, 'Yes, could he have the collar stud?', which I duly produced from my waistcoat pocket. I was very sorry for the poor man.

Very soon Henry Lewis was better again, the General Strike was over, and life returned to normality.

My few remaining contemporaries, Mr Editor, may identify me by my initials.

Finally, may I add that I once related this story to my grandson, who waxes very merry about it at Christmas or at other festive occasions.

JGW

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Waves Of Boredom In A Sea Of Green

From Our 'Achingly Funny' Correspondent

So, obviously, it would have to be which muscle?'

'Sorry?' Of course, I didn't know what he was talking about—I was playing for time. Underneath my theatre mask my cheeks were a burning, livid red. I had been in theatre for two hours, lucky enough to have picked the short straw, of the size which dictates that one must stand forever, with a restricted view of the operation, getting hand cramp from holding a retractor against the springiest muscle in the body.

The truth was that I had dozed off into a silent reverie. The sea of green cloth and the soporific pinging of the machines had put me into a state of consciousness that one normally associates with a barbiturate overdose. Numb to everything but my own random reflections. In the distance, an alarm sounds from one of the machines and the anaesthetist switches it off. This, of course, is the only purpose of the alarms—that they may be switched off again. Never have I seen anyone act on them.

My thoughts bounce to lunchtime in the Spit. Not for us the healthy eating which we seek to persuade others to do. For us, there is a diet of bendy, doughy 'pizzas', limp chips whose ends touch together if picked up in the middle, and fat, starchy desserts. The staff are spared the details of the food that they serve. If, for instance, one asks what the greasy 'savoury pancake' will contain, one is met with a blank face wearing a tinge of irritation, as though you had just asked her what it was that 'made her tick' or enquired about the likelihood of a coup to displace some unstable South American dictator.

'Is it vegetarian, then?' I load my question

'Dunno love. Meg? These savoury pancakes vegetarian?'

'What pancakes?'

'The savoury pancakes'

'What about them?'

'What's in them. They vegetarian?'

'Dunno, love'

'Sorry love, dunno'

'Well who does know?'

Yet at this point, as the long-suffering dinner lady disappears stage left, I find myself under intense psychological pressure from the rest of the queue to be satisfied with my cringing pizza, to call out that it doesn't matter, and to noiselessly join the queue for the cashier.

The Spit, bless it. It now carries the euphemistic title of 'The Spit Dining Room', yet retains its plastic seats welded to the floor and the foam seat covers (with the stuffing pulled out) stuck onto the wooden benches. The heart of unhealthy eating, beating away in Guy's Hospital.

It is summer. I walk across the Park and notice that my consultant has completely ignored me. My enthusiastic nod has met with a blank stare, and this represents a low point in my career.

I find myself in the library, sitting hesitantly at the computer terminal. Every reply to my fourteen attempts to find a book has been 'Type HELP for further information'.

I am about to beat the computer senseless, when my concentration is interrupted by the sight of a student breaking down as he realises how overdue his week-loan library book is.

The computer, meanwhile, is misbehaving. It has conjured up a list of every author whose name contains a silent 'K'. Naturally, I nod with simulated satisfaction, then press 'ESCAPE'.

'Cut'. I slash blindly with my scissors at the bit of nylon suture which the surgeon is indicating.

'Too close to the knot. Bit longer next time, um . . . '

(I don't help him out—it's about time he knew my name).

'So, tell me about the musculature round the hip'.

Touché. He knows I'm trapped. I'm so full of feeble regret at never having learned any of this, I just carry on staring at where my quivering hand is still pulling on the retractor.

My days as a student in theatre have always provided problems. Wherever I stand, a nurse is employed specifically to push a sterile trolley into my back, so she can blame me and then complain at length about students. Many an afternoon has been spent skulking around theatre, trying to get a glimpse of the operation site and work out an excuse palusible enough to be allowed to go.

' . . . so obviously it would be which muscle?'

'Erm, er, psoas?' Thousand to one?

'Good'.

Ah! At last I am convinced that there is a benign deity in this confused universe.

AMS

Presidential Address

The 1990–91 season of Guy's Hospital Dental Society Lectures started on 11 October at 5.30 pm, with the Presidential Address given by Professor A H R Rowe, the Dean of Guy's Dental School. Professor Rowe now holds a record in the Dental Society as the only person to have been a past Secretary (1947) and also to have held the position of Dental Society President on three occasions, including the current year.

There was, unusually, a capacity crowd in the Tower Lecture Theatre, estimated to be around 130 people. The audience was made up of retired members of staff, current members of staff, many dental students, old Guy's graduates, some ancillary staff including dental technicians and dental hygienists. It was particularly pleasing to see amongst the audience many of the new pre-clinical dental students, who had started on the new five year dental degree course only the week before. It was also very nice to see the Dean's wife, Mrs Pat Rowe, and one of their sons present at the meeting.

Mr Bret-Day, the present President, introduced Professor Rowe, who then (despite having a sore throat), proceeded to deliver his presidential address entitled '40 Years On—A look into the future with experiences from the past'. Prof Rowe illustrated his amusing lecture with many interesting slides. Some showed aspects of dentistry as it was forty years ago, others were taken during his days as an Army dentist, and some were of the old Dental School just after the Second World War. He spoke a little about the new 5 year dental course, and also on the new Dental contract which came into effect on October 1 this year. Prof Rowe then reported on some of the advances which are being made in dentistry. Firstly by showing some slides of recent research work being carried out at Guy's, on the use of lasers in dentistry, and finally be reporting on Professor Lehner's work on anti-caries vaccines, especially one against *Streptococcus mutans*.

Finally, Paul Copson, the Dental Society Secretary, thanked Professor Rowe for delivering such an amusing and interesting Presidential Address and presented him with a bottle of medicinal malt whisky. The evening finished with a superb buffet sponsored by the Medical Defence Union, on whose council Professor Rowe is a member.

Paul Copson

Hypnotism and Dental Practice

Our President, Professor Rowe, introduced the first of this academic year's guest speakers to an expectant capacity audience. Mr Brookes, a general dental practitioner from Telford, Shropshire, is of course no stranger to the society and those of us who had heard him lecture previously knew this would be a very interesting evening.

The art of communication was the central theme running through this very funny, well delivered and thought provoking talk. He stressed the importance of listening to our patients and developing an empathy with them. He illustrated how best to establish rapport and pointed out that all too easily this essential relationship is lost.

The concluding phase of the proceedings consisted of an impressive demonstration of hypnosis using four student volunteers. One of their number proved resistant to his powers, which only seemed to emphasize the ease with which he was able to hypnotise the other three! Mr Brookes did however point out the importance of only using such skills within the confines of our clinical work and how, to some extent, we use hypnosis at a less spectacular level in developing a relationship with our patients every day.

I am sure a number of us left that evening with an enhanced idea of hypnotism as a clinical tool, and a resolution to look carefully at our management of patients.

A reception after the lecture provided courtesy of the Dental Society rounded off what was a most enjoyable evening.

Lyndon Cabot

The Biennial Combined Conference

The 19.20 Intercity Train from London, Euston on Thursday 8 November carried scores of Teacher, District and Superintendent Physiotherapists to Liverpool for the Biennial Combined Conference. One hundred and forty Senior Chartered Physiotherpists poured in from all over the British Isles to learn, share, discuss, enthuse, sympathise and socialise. This Merseyside conference 'Managing for Change' was concerning the effects of the changing educational process, the NHS and the European market on the practice of the physiotherapist in the UK.

Issues included Assessment of Health Needs, Manpower/Skill Mix, Pay Flexibility, Review of the Core Curriculum, Learning packages, Definition of Com-

petencies and most of the other contemporary buzz words. All of these issues are pertinent to Guy's at the moment, especially as the management structure of the Physiotherapy Service changes again and moves out of the Priority Care Unit of the 80's and into the Acute Units, or Self-Governing Trust, of the 90's. It will certainly be a service under new management—the Therapy Director's post is just advertised as I write this piece—as the new manager will be leading both the Occupational and Physio Therapies into the changing demographic and contractual Heath Service.

Not only are the patient services moving into the contractual world but also the pre-registration education is to be contracted. Working Paper 10 lays down the rules. Regions will be responsible for training according to the 'needs' of the service. The two new educational establishments for physiotherapists—Kings (within the University of London) and Eastbourne (within the Brighton Polytechnic)—are contracted to the RHA to train 102 physiotherapists per year.

The full cost of training is so far only guestemated. Pre- and post-registration education has been, for the past 75 years or so, supported by Guy's, St. Thomas' and Kings College Hospitals and by the Districts without very much information regarding the cost being recorded. Will new contracts have to be set up between the education establishments and the hospitals? Who pays for the time involved in the Clinical Training and supervision of the students? Who is the customer of whom? The whole ethos of Guy's is steeped in teaching, learning and caring for the patient. How will this be unravelled and the contractual components be identified and costed? These issues appear to be more complex than the proposed contractual arrangements between purchaser and provider of clinical services for our local population.

Meanwhile the present Guy's physiotherapy course continues as the new King's course enters the second year and the Eastbourne course begins its first year.

Liverpool was indeed a good choice of venue for the conference of teachers and managers of physiotherapy—the two limbs of the profession. It is the City where the two great Cathedrals are joined by the road named Hope.

Diana Innocenti

Developing Nurses

I recall shortly after passing 'finals' being called to Matron's office along with my peers. Perhaps I should point out that this was not at Guy's: in those far off days the training of nurses at Guy's and all other London teaching hospitals was restricted to the wearers of skirts—similarly we men were not admitted to membership of the Royal College of Nursing, and although this is just history it adds flavour to the period of which I am writing. When we had all assembled before Matron, she said that we had just begun to train as nurses now!

Phew, all that struggle, days and nights, battles with martinets of ward sisters, begin 'on call', studying in off-duty, working early mornings before a day in school and classes in the day following a night shift, for three long years, and now she says we've just started! Well, over the years the truth of her statement dawned. Nowadays the status of a newly qualified nurse is fully recognized as such. There are well established courses for both RGNs and ENs in this district, to develop their potential.

No longer are people thrown in at the deep end and left to flounder, finding out what they may by trial and error. I even recall arriving at another hospital, when once appointed as a ward Charge Nurse, and without even knowing the staff I was in charge of, the problems of patients, or the geography of the institution, I was expected to be the senior person running the show. The present system of development over a period of a year's course must be for the better. The main themes for the curriculum of this course involve ward organization and administration, professional development, personnel functions, teaching and research-based practice.

The course also includes study where there are statutory policies in such areas as health and safety, fire, security, lifting, continuous assessment, IV additives and resuscitation. During the course there are a series of study days and feedback involving the nurse's mentor in the ward or department where she or he works. Most of the course members also fit in a project which enables theory in the classroom to be incorporated with practical aspects of their chosen speciality. Models of various nursing processes can be studied.

The requirement for entry to the course is that the nurse should have qualified within the past 2–6 months. Career guidance is also available.

The philosophy of the course is to offer the newly registered nurse a systematic and supportive development programme, to enable him or her to influence standards of care.

Thus the patient is the centre of this activity insofar as care delivery is the measure of a successful nurse's ability. The changing techniques and attitudes to nursing care today demand an initial grounding different from previous approaches. Transition of student to qualified nurse at the sharp end of the business is probably more marked, and will become greater, as the emphasis is on more academic training. Although nurses in the past learnt the job of managing wards by practice and mistake, the more formalised development this course allows is preferable, as it permits constant assessment of performance. That this may continue in this hospital, when amalgamation of its training with St. Thomas's has been announced, is to be hoped for.

Clinical Medicine Second Edition
Kumar and Clark. Bailliere Tindall.

This book is very good value. It provides 1100 pages of acid free (sic) paper and very well presented information for today's medical student. The authors and editors are to be congratulated on crisp and well written prose, and the publishers on an attractive layout and type. The figures and tables are clear and enhanced by a helpful use of colours. The most severe test—reproduction of X-rays and skin lesions—is passed with distinction. Most X-rays actually do show clearly what they are meant to do and for the remainder one's imagination is required to a much lesser degree than usual—expensive books and journals please note. I assessed the book during an averagely busy 2–3 week period earning my keep as a nephrologist; I read around the general medical problems which I was faced with on the ward. I found its accounts of acute leukaemia, peripheral neuropathy, septicaemia, heart failure, myeloma, diabetes mellitus, amyloid, rheumatoid arthritis, haematemesis, side effects of flecainide and hypothyroidism ranging between good and very good, with no serious errors or omissions. In addition I read two chapters, that on water electrolyte and acid base homeostasis, because this aspect of medical care is still by and large poorly managed, and that on the basics of genetics, molecular biology and immunology, as these topics are now having such a major impact on medicine. Here again the content was good but assumed, not inappropriately, the reader already had tackled these subjects before, i.e. they were not introductory.

As far as medical students are concerned the book is highly recommended as it is excellent value for money, easily provides the amount of knowledge required for an undergraduate course in medicine and, very importantly, presents its information in a format which is enjoyable to read. I am less sure about the editors' claim that the book is designed for 'practising doctors'. To cover the needs of undergraduates and postgraduates in one book is often self-defeating, and I would consider the larger reference books more appropriate for postgraduate needs.

Clinical Otoscopy. Michael Hawke, Malcolm Keene and Peter W. Alberti.

There must be very few medical students or practitioners who feel totally at ease when making an otoscopic assessment of a patient's ear canal, tympanic membrane or middle ear cleft. It is a skill that can only be acquired over years of busy clinical practice. Sometimes even the specialist is unsure but has the luxury of access to alternative diagnostic methods. The commonest mistakes made by the beginner are firstly, not looking at enough ears; secondly, using a bad otoscope; thirdly, failing to remove all the wax and debris from the ear canal, and finally, omitting tuning fork tests. This book instructs the reader in how to undertake simple otoscopy, avoid these errors and obtain a diagnostic view of the contents of the ear.

The book has really been divided into three parts. The beginning deals with an account of the anatomy, physiology and methods of examination. This is then followed by a series of clinical photographs and finally there is a section on therapeutic procedures and hearing tests. The quality of the photographs is almost unrivalled and the accompanying text is clear, concise and accurate. In fact I found it almost compulsive reading.

I felt that this atlas, which is now in its second edition, was a most welcome addition to the Otological literature and think that it should be available in all medical libraries. Every medical student and doctor should seriously consider buying their own copy. I doubt that they would ever regret the purchase.

M J Gleeson

Diagnostic Picture Tests in Ear Nose and Throat

Diagnostic picture tests feature prominently on the medical book shelves. Indeed this is but one of 15 titles offered by just one publisher. Clearly they make money and of course are easy to produce as a secondary publication from a colour atlas. This volume is derived from Mr T R Bull's well established colour atlas which has already sold in excess of 50,000 copies.

It may be that few of the *Gazette*'s readers are aware that Mr Bull has a particular interest in cosmetic nasal surgery. There would be little doubt in readers mind after a brief perusal of the contents. However this does not detract from the book and in fact I learnt several facts from these pictures. Indeed, the quality of illustration is very high and gives the reader the impression that photography within the confines of the ears, nose and throat is easy. From my own personal experience it is exceptionally difficult and the author should be congratulated.

However the fundamental questions which have to be answered are whether the text is correct and, of course, should the book be bought by undergraduates? For the most part the text is good but there are some over simplifications which irritated me. For example, a parapharyngeal mass was confidently diagnosed as a pleomor-

phic adenoma, where it would have been more correct to have said that it would most likely represent a salivary tumour arising within the deep lobe of the parotid gland. The differential diagnosis should then have been made. Similarly the text continues to nurture the concept of safe and unsafe chronic suppurative otitis media. Our specialty has endeavoured to abandon this nomenclature for some years and it seems a pity to perpetuate it here. Meningitis and brain abscesses are seen as complications of so called safe disease and a few patients still die from it!

The answer to the second question is more difficult. To my mind this book represents an amusing but expensive challenge. For a student on a limited book budget it might seem more sensible to invest in Mr Bull's colour atlas.

M J Gleeson

Managing Difficult Patients. Richard Miller

This short book, written for nurses 'and other health workers' is based on the author's experience on psychiatric wards. It therefore has a particular perspective and non-psychiatric nurses may find that their own difficult patient experiences are not addressed here. There is an implicit assumption that 'difficult' and 'aggressive' are interchangeable concepts. Thus the first sentence 'This book is about how to manage aggressive patients . . .'

The identification of difficult behaviour does not occur until chapter 5. Earlier chapters are devoted to psychosocial aspects of nursing. These include some useful summaries of important concepts in social skills and some pretty useless ones on personality development. Communication skills are referred to but inadequately described.

Difficult behaviour, in this book, is defined as withdrawal, passivity, manipulation, aggression and violence. It does not include other common behavioural problems which we often find difficult such as chronicity, dying, resistance and non-compliance. There is no reference to cultural influences on behaviour. The understanding of difficult behaviour is couched in individualistic terms and is therefore extremely limited. The ward environment is described purely physically and there is no mention of a therapeutic milieu, let alone how to create it. Considering that almost all, if not all, of the background of this book is psychiatric, readers may be surprised not to see any mention of suicide, self harm or psychosis.

The management of difficult behaviour is really the management of agression and violence in this book. Once again it is very individualistic and does not include concepts like assessment and 'treatment goals'. The author advocates Paraldehyde as a medication.

Overall this is a confusing and limited book with some useful ideas. I think the confusion rather outweighs the usefulness.

B Rosen

Islam and Science—Twin Sisters?

'Do not the Unbelievers see that the heavens and the earth were joined together, then We clove them asunder and We got every living thing out of the water. Will they not then believe?

Quran (Sura 21 verse 30)

The above is a quote taken from the Quran. It illustrates clearly one of the many and varied scientific statements contained therein, whilst issuing a challenge to humankind to explain these phenomena. That Islam urges people to question and explore their physical surroundings should not be in any doubt.

On 25 October, Naseem Butt, the Head of Science at the King Fahd Academy in North London presented a talk to a sizeable and diverse audience including students from Royal Free, and staff. This took place in the Boland House Rehearsal Room, included a discussion, and, funnily enough, was on the subject Islam and Science.

Well what did Mr Butt have to say? The general theme was based on how the attitudes to science have changed in this part of the world, in contrast to the place of scientific research and findings in an Islamic context. With regard to the former, the declining influence of the church in everyday life, had resulted in science beginning to take its place. It was almost revered as a solution to all questions—something which was infallible, and could produce undeniable fact.

Luckily, this attitude has seen a change in the scientific community at least, even if it has not yet filtered down to the general population. What is being increasingly accepted is that what science provides are descriptions, models and theories which gave the best current explanation of the physical phenomena. This approach is starting to be reflected in the new national curriculum where the emphasis is shifting to scientific method from the previous assumption of scientific fact. To paraphrase a schoolteacher of mine; currently I accept that light is a wave, but that it is sometimes helpful to consider it as a particle—but when you have a theory that says this is a load of cobblers and that light can be

described at all times in terms of jelly-babies, then I stop believing in waves and particles and start believing in jelly-babies.

Jelly-babies aside, what did Mr Butt say was Islam's approach to the scientific pursuit? He put it to the audience that Muslim scientists will pursue their enquiry from a definite understanding of humankind and the universe, i.e. that they are created things. It was argued by Mr Butt that for science today, only assumptions are made regarding the nature of man and the universe, assumptions which are not clearly defined.

A point raised in the discussion was, how can one be sure that this understanding is definite, and not just another assumption? One is invited to arrive at an understanding about the nature of humankind and the universe using only definite observations.

The Quran is not to be accepted blindly either. It's insight into physical phenomena such as the human enbryological development provide proof for its authenticity. Repeatedly one is asked to come up with an alternative that is as wide ranging, as consistent and without inaccuracies. Why? For no other reasons than to provide a proof at an individual level that the Quran can and should be believed. Faith alone is of little use. The human instinct is to worship, whether it be the Creator, the sun, the moon or Jason Donovan. What Islam requires is that each person uses their own intellect to conclude that their belief is justified.

However from the current scientific standpoint, if the Quran is taken as a scientific theory which appears to fit reality, then a scientist has an obligation to accept that it is true until such a time that it is disproved due to new evidence. The scientific method is to accept the answers that a theory produces, provided the theory is rational and fits. The theory should not be dismissed just because one does not like the answers it produces.

Fuad Hussain

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Death

MORSMAN, Raymond Arthur, B.D.S. Died in Norwich 9.11.90 aged 69. Guy's Open Scholar. Qualified 1946.

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Apology

The Gazette would like to apologise to Mr O Yanni and Mr M Lawrence, who wrote the piece on W H Trethowan in the October issue at the Gazette, yet received no acknowledgement for being the co-authors. Sincerest apologies.

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The Guy's Hospital Gazette Office has moved to the first floor of Boland House. The office is open 1–5 pm every weekday afternoon and a list of the memorabilia available is shown below.

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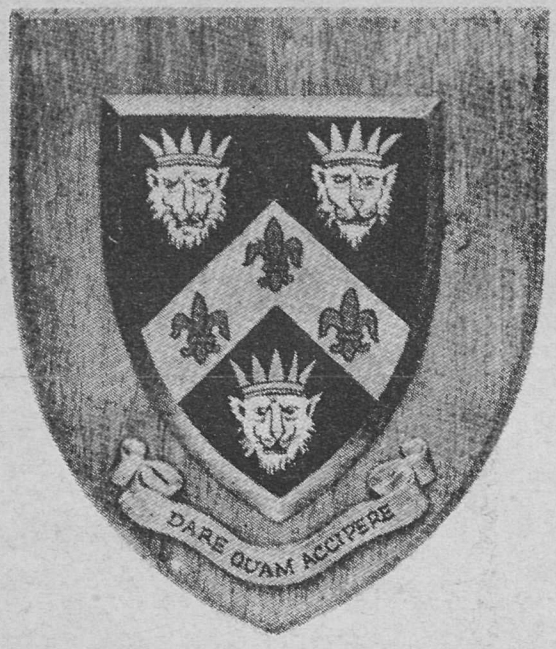
Guy's Hospital Gazette



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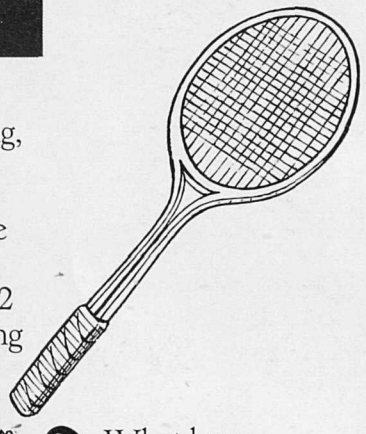

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5 What's head and shoulders above the rest?

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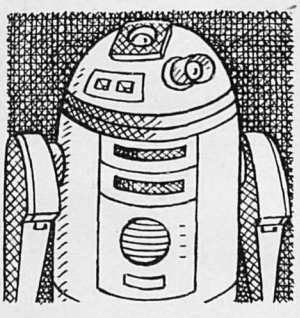

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- ☐ (a) A primary school
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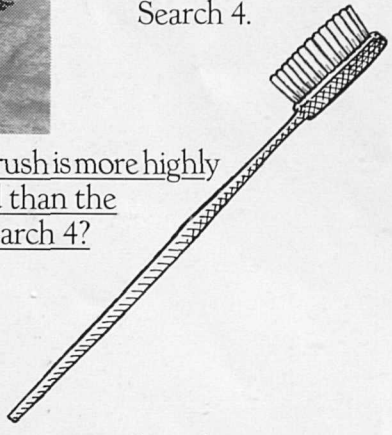

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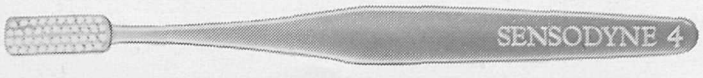

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